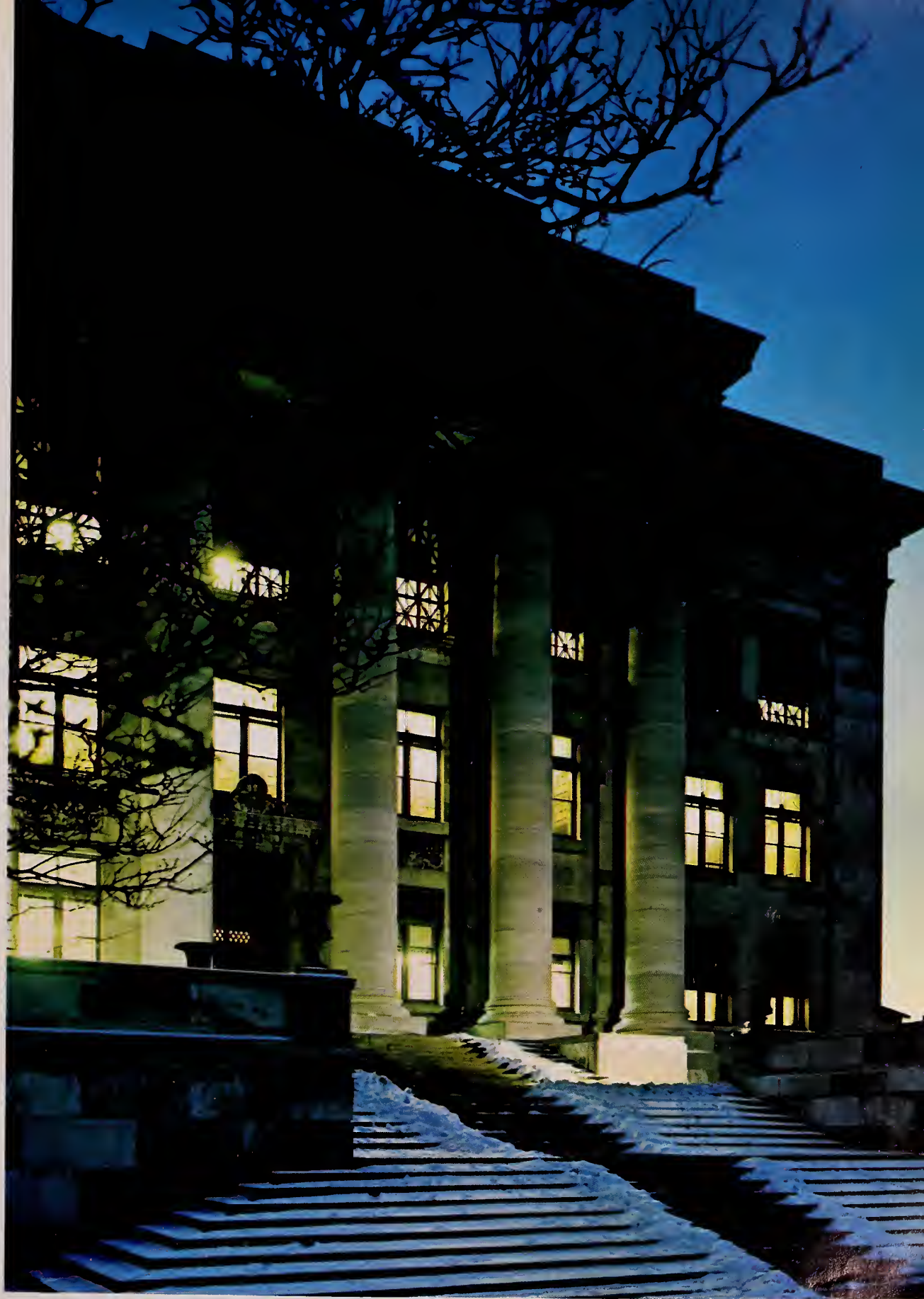


Winter, 1961

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LETTERS

Solecisms

To the Editor:

I continue to thoroughly enjoy and appreciate the periodic issues of the *Harvard Medical Alumni Bulletin* which have been coming to me, and I would like to congratulate you and your associates on the excellent job that you have done.

However, I am sure that I am only one of many Harvard graduates who will have noticed the incredible solecisms which crept into the otherwise excellent article on the Albert Schweitzer Hospital in Haiti. As a Harvard man myself, trained in the use of the purest Boston English ever since I was weaned from the bottle, I was startled to learn that Spain had "seceded" Haiti to France, and that a serious pediatric problem is "tetany of the

newborn" due to contamination of the umbilical cord with tetanus spores!

To bring your files up to date, I was appointed to a Professorship of Applied Microbiology at the Harvard School of Public Health last July . . .

GEOFFREY EDSALL, '34
Walter Reed Army
Institute of Research
Washington, D. C.

Dear Dr. Edsall:

I have looked into the errors in the Haiti article that you mentioned. The secession you referred to was a straight typographical error. The "tetany of the newborn" I cannot explain and will leave that to the author.

In reference to solecisms I have looked over your letter and being fresh from my vacation, eager and ready for battle, I find several sole-

cisms in it. In the first paragraph, "to thoroughly enjoy" is splitting an infinitive. In the fifth line the use of the word "would" is said to be less correct than the word "should." I also noticed in the last paragraph, the first sentence implies that you were appointed the Professor of Applied Microbiology in order to bring our files up to date, which I am sure was not the case.

I could not resist these little digs.

JOHN R. BROOKS, '43B
Editor

To the Editor:

I was delighted to receive your letter because it gave me the necessary reassurance that the Harvard tradition of fine writing is still being adhered to.

With regard to the implication that my appointment was made in order to bring your files up to date, I think this is probably just as good a reason as one could find for making many other appointments, so I am letting it stand.

GEOFFREY EDSALL, '34

REGIONAL ACTIVITIES

The annual lecture of the Rocky Mountain Harvard Medical Alumni Association was given by Perry Culver, '41, in the Sabin Amphitheater at the University of Colorado Medical School. Dr. Culver talked about the pathophysiology of intestinal absorption to "standing room only," before an audience made up entirely of students, house staff, and physicians from the community.

Nineteen Alumni joined at the Denver Country Club afterwards for dinner and an informal evening with Dr. Culver. At the business meeting following, Wesley Van Camp, '37, was elected president; Hugh MacMillan, '40, and George Wilcox, '46, were retained as treasurer and secretary. The next day Dr. Culver discussed and diagnosed correctly ("well within the limit of academic tolerance") a Clinical Pathological Conference at the Medical School.



Albert Frederick

Last November, the frame dwelling of the Buildings and Grounds Department moved (in three pieces) from the Dental School parking lot down Shattuck St. to this new home overlooking Longwood Ave. and Vanderbilt Hall. New research laboratories will rise on its former site.

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HARVARD MEDICAL ALUMNI BULLETIN

VOL. 35

WINTER 1961

NO. 2

The Cover: Eli Lilly and Company kindly lent negatives for the Bulletin's February cover. This shot of the familiar portals appeared originally in Lilly's *Physician's Bulletin* for November-December, 1960, and is reproduced by 4-color offset process. The photographer was Hedrich-Blessing.

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Along the Perimeter

AS OTHERS SEE US

Our Man Calvin in *The New Yorker*

Our man Stanley called up President Calvin Plimpton of Amherst on the day before New Year's Eve and asked permission to reprint *The New Yorker* man Stanley's *New Yorker* piece on Dr. P.

"Sure," said Dr. Plimpton, "go ahead. I'm sure Stanley won't mind. I was much funnier than that article, though. Your man Stanley could almost write a parody of that piece." We suggested that Dr. Plimpton do so, himself. "I'm snowed," he said, adding democratically, "I suppose you are, too."

We thought it was time to get serious. We had liked his thoughts about the value of the average individual at the presidential inaugural in the fall, we said. "Oh, did you believe all that?" he asked. "Well yes," we said, feeling a little nervous, "didn't

you?" "Oh sure," he replied. "But it's a little like 'For God, for Country!' I must say, at an inaugural you feel more like the Dalai Lama than anything else.

"In the first place, I was wearing loafers. Barney Keeney of Brown and President Pusey were sitting in the first row. I spent the whole time trying to make President Pusey smile, and Barney Keeney spent the whole time trying to make me smile. Afterwards, Keeney came up to me and said, 'You're wearing Loafers!' I asked if he'd noticed they were *brown* loafers. He thought the pun poor.

"Coming out I dropped the Great Seal. Of course, I hadn't known it was a 1938 track award. But you'll be glad to know I recovered the fumble and went over for a touchdown."

"Well, Happy New Year. Good Bye," Dr. Plimpton said cheerily for the third time, and this time we wrote it down and hung up. We couldn't

help feeling that, somewhere, a *very* funny story had been consigned to the ages.

Here's what *The New Yorker* said about Dr. Plimpton last May 21:

*

OUR most recently elevated dignitary, Calvin Hastings Plimpton, M.D., won't be taking over as president of Amherst until midsummer. Meanwhile, he's clearing off his desk, or desks, as assistant professor of clinical medicine at the College of Physicians and Surgeons of Columbia University, Assistant Dean of the College, and assistant attending physician at Presbyterian Hospital, and is also emptying his little black bag as physician in private practice. We visited Dr. Plimpton in his office at the hospital. A youthful-looking man of forty-one, he is without doubt the tallest doctor we've ever encountered: he has a pronounced stoop, which he must have acquired in the line of duty, bending down to percuss ordinary-size patients. At first, we couldn't figure out what was making us uneasy about the interview; then we realized that the white-jacketed doctor had assumed a gentle bedside manner with us, and so prevented us from assuming an aggressive reportorial manner with him. Pulling ourselves together on the verge of complaining to him about some mild ache, we shot off a series of rapid questions and got a series of no less rapid replies. Born in Boston but a loyal son of not very far off Plimptonville, an autonomous principality within the Commonwealth of Massachusetts. Graduate of Amherst, '39, and Harvard Medical, '43. Military service in the European theatre. Married, '41, to Ruth Talbot, second cousin once removed. Three sons, one daughter. Brother of Francis T.

"You never know how big a camel is until it gets up," says Dr. Calvin Plimpton, '43A, the new President of Amherst College. This photograph of the Plimpton family was made in 1959.





Tenley and her surgeon father, Hollis Albright, '31, prepare for an operation.

P. Plimpton, noted lawyer and member of the board of trustees of Amherst. Son of George A. Plimpton, noted publisher, and uncle of George A. Plimpton, noted editor of the *Paris Review*. "My father married twice and was in his middle sixties when I was born," Dr. Plimpton said. "He graduated from Amherst back in '76, and was chairman of its board of trustees for many years. The Plimptons have strong Amherst ties. I'm sure it was a great embarrassment to my brother Francis when my name came up for discussion."

Dr. Plimpton and his family live in Riverdale, in a big house pleasantly overrun with paintings of English authors. "My father formed most of the collection," Dr. Plimpton said. "There are about sixty-five portraits, all told, starting with a portrait, on wood, of Chaucer, and running through Tennyson and Carlyle. The Chaucer portrait is our prize, but then it may not be Chaucer. We wouldn't think of letting an expert try to find out for sure by X-raying it, or anything. We did that with what used to be our prize — a portrait that my father thought was of Shakespeare — and it turned out to be a fake. We've never forgiven ourselves for being such noops."

We asked Dr. Plimpton if a switch from the practice of medicine to the presidency of a college wasn't unprecedented, and he said, "No, there are a

couple of other M.D. presidents around. Don't forget I've been a teacher as well as a doctor all this while. I've never been far away from academic life. My only fear is that some faculty member will come in to see me about a problem during my first weeks at Amherst and I'll say, 'Well, now, take off your clothes, and we'll try to find out what's wrong.'"

(Reprinted by permission of *The New Yorker Magazine*, May 21, 1960.)

Tenley Albright in *The Good Housekeeping*

"... Tenley, who four years ago became the first American girl to win an Olympic figure-skating championship, has entered her fourth and final year at Harvard Medical School ... one of six women in a class of 140.

"Tenley is determined to become a surgeon. This field is so difficult for women that there are only a handful of distaff surgeons in all the United States. A major obstacle is the fact that hospitals are reluctant to accept women as surgical residents. In Boston, for example, the male monopoly has never been broken. However, at Harvard Medical School, no one will be surprised if tradition is soon shattered.

"For Tenley to have chosen the hard grind of medical school over the glamour of the figure-skating spotlight is, in itself, remarkable. Her decision wasn't made any easier by the skating

promoters who promised big money if she'd turn professional. She had the courage to refuse a \$100,000 contract for an exhibition tour, also to say 'no thanks' to an offer of a Cadillac to use at medical school if she'd occasionally skate professionally on the side.

"Does she regret her choice? 'Not for a minute,' she tells you. 'I've wanted to be a doctor since I was a little girl. The skating offers were flattering. But the only thing that would have kept me from medicine would have been not getting into medical school.'

"Skating also remains in her plans. 'Some people paint. Others play the violin. That's what skating is for me: a form of self-expression. I couldn't do without it.'

"Harvard Medical School does not share her enthusiasm. She had to promise to give up competitive skating when she entered. Last year, toying with the notion of competing in the 1960 Olympics, she requested permission from the school to take a few weeks out for training and for the trip to Squaw Valley. Harvard was adamant. If she decided to compete, she was told, she would have to drop back and lose a full year. Given that choice, Tenley stopped even thinking about the Olympics. But she continues to skate for fun."

(Text is from *The Good Housekeeping Magazine* for September, 1960.)

Reginald Kernan, '44, in the *Herald Tribune*

ART BUCHWALD

P. S. From Paris



—THE CHARACTERS LIVE ON

PARIS — F. Scott Fitzgerald is dead, but F. Scott Fitzgerald characters live on in Paris. There are some people living in Paris whose stories would never be believed if Fitzgerald wrote about them. We like to think that the story of Dr. Reginald Kernan, an American M.D. from Boston, is one of them.

Reginald Kernan, a former sportswriter, became a doctor in Boston in 1940. After serving in World War II, Dr. Kernan set up practice in Boston. But in 1952 he was recalled to active duty in the Army as a captain and was sent to France to serve as a pediatrician at the American Hospital in Paris. When he was discharged in 1955, he decided to stay on in Paris as a member of the civilian staff of the American Hospital.

Dr. Kernan worked for three years as an American doctor in Paris. But then he had a personal row with the board of directors of the American Hospital and his staff status was not renewed.

In Paris an American doctor can't practice without being attached to the American Hospital and so Dr. Kernan couldn't continue working in Paris as a doctor.

New Profession

DR. KERNAN decided he wanted to stay in Paris. After looking over the job situation in Paris, which looked bleak, Dr. Kernan contacted an ex-patient, Dorian Leigh, who ran a model agency in Paris.

Miss Leigh thought he would make an excellent male model, and took him on as a client.

So he dropped the Dr. from his name and became Reginald Kernan, male model.

The first year was a difficult one for Kernan. For six months he was more or less down and out and, he says, rather hungry. His former patients, he said, shunned him, and at the Traveler's Club, where he kept up his membership, he kept running into the board of directors who, he says, were embarrassed about his presence in Paris.

Then he started getting work as a model. Because he looked like a cross between Gary Cooper and Gregory Peck, the advertising agencies in France became interested in him. He posed for suit ads, Air France, Renault, De Beers diamonds, and even a hemorrhoid ad, which, he says, five other male models had turned down.

New Career

PRETTY SOON his face was becoming familiar to French magazine readers.

But modeling work is seasonal, and last month Kernan was down on his luck again and was considering going home.

"The only thing that saved me," he said, "was that I made a lot of money playing backgammon at the Traveler's Club."

While he was wondering what he was going to do, a friend recommended him to Simone Signoret, the actress, who was looking for a lead in her new film, "Mauvais Coups." Kernan was tested and Mlle. Signoret decided he was right for the part.

And so Reginald Kernan, who never acted before, has been given the lead opposite an Oscar-winning actress for his first part in motion pictures, and at 45 another career has opened for him.

His friends are starting to talk to him again and even at the Traveler's Club people are taking an interest in him.

"Just the other day in the washroom of the club," Kernan said, "one of the members, an insurance man came up to me and asked me if I could get the insurance account on the film."

Now if F. Scott Fitzgerald ever wrote this story, do you think anybody would believe him?

(Reprinted from the N. Y. Herald Tribune, Oct. 9, 1960, by permission of Art Buchwald.)

As we go to press, we note with deep regret the death of Dr. Worth Hale in his eighty-fifth year. As Associate Professor of Pharmacology, and Assistant Dean of the Faculty of Medicine from 1918 to 1946, he served the Medical School with devotion for many years. Friends who wish to contact Mrs. Hale may reach her at the Mary Lyon Nursing Home in Hampden, Massachusetts.



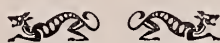
Inside H.M.S.: Of Butterflies and Men

If, as a noted reformer once commented, the caterpillar is an emissary of the Devil in its crawling walk, what is the butterfly? Well, if nothing else, the female butterfly has the come-hither look in her eye, and is fully as capricious as her counterpart among mere mortals. At least this is the observation of a young lady in the First-Year Class at H.M.S., who recently summarized a ten-week study of butterfly cohabitation in a paper delivered at the meeting of the American Association for the Advancement of Science.

"This was," Florence Cranston noted, "the first time a research team tried to *quantitate* the sex life of the Lepidoptera." I was not put completely at ease by the term, "quantitate," but she added that tape recordings of the various callings or lowings or tweetings of friendly butterflies had been made, analyzed, and compared with motion pictures made in the field. Seizing the story, the *Dallas Morning News* editorialized that butterflies act just like human beings — a phylogenetic non sequitur, but good copy.

I suppose that there exist those who look with some levity upon lepidopterous woo-watching, and who find nothing of worth in the troth of the moth. The underlying antagonism,

however, may be the uncomfortable fact that in some regards man is no better than butterfly . . . to wit and to woo.



A good deal of chronological water has passed under the log at the ends of which once sat Warren Harding and Mark Hopkins. The subject of a proper pedagogical relationship, however, is alive as ever. Improvement of the process of the exchange of medical knowledge has been the purpose of several student reports prepared by class committees during initial four years of the rearranged or integrated or interdepartmental program at HMS. A report soon to be filed by a subcommittee of the Class of 1963, evaluating the curriculum of the first year without fear of faculty recrimination (although an aura of anonymity has surrounded the group's activities), represents a most organized approach to judging the effectiveness of the program. The report summarizes an eighteen-page questionnaire prepared by the Cowan Subcommittee, a questionnaire to which forty per cent of the class replied.

An evaluation of this sort dwells at length upon personal approaches to the educative process. There is perhaps no unitarian Lecture Ethic, but

the committee has attempted to underscore effective teaching practices manifest in various members of the faculty. There is a plea for a less apologetic approach to the mention of clinical medicine during the years of the fundamental sciences. There is a concern for a practical ethical orientation that will work in a variety of institutional and religious circumstances. Finally, there is sincere applause for the concept of the integrated approach to the medical sciences, but an honest befuddlement regarding the actual expression of the program, which seems to suffer from intermittent claudication. The report is no Conant survey with many answers, nor a false bruit with many questions, but rather fulfillment of responsibility to constructively evaluate in retrospect a new approach to medicine.

PEPPER DAVIS, '63

The Brigham's New Research Ward

Plans for a new Harvard Medical Clinical Research Center at the Peter Bent Brigham Hospital were recently announced, the result of a grant from the National Institutes of Health amounting to \$600,000 annually. This sum will cover the cost of patients admitted to a new 26-bed ward at the Brigham. For a long time, limitations on medical advances have been imposed upon private teaching hospitals because of the excessive cost to patients undergoing study. The Brigham has been selected as one of the pilot institutions for the development of this new program designed to integrate investigation with clinical care of the patient. The major problems of medicine in the new center under the direction of Dr. George Thorn, will be attacked by a group representing an integrated interdisciplinary clinical approach.

Overlapping research efforts in various disease areas will be integrated and will include such broad clinical groupings as:

1. abnormalities of vascular transport and exchange

2. chemometabolic control in health and disease
3. problems of aging and abnormal growth
4. disturbances in regulatory mechanism and organ replacement.

Basic laboratory research activities in four areas of biology (molecular, mathematical, technicological and neuropsychological) will support the clinical services.

The proximity of the active basic science departments of the Medical School and the close association of these with the clinical departments at the Peter Bent Brigham Hospital will facilitate an effective liaison.

The development and support of a clinical research center by a federal agency within the framework of a privately endowed University and Hospital Center will relieve the latter from the overwhelming financial burden involved in the high cost of clinical research and will permit full utilization of the scientific talent now present in the medical center.

Karolinska Jubilee

Two of Harvard's full-time Professors returned recently from Sweden where they participated in the 150th Anniversary Jubilee Celebration of the Karolinska Institutet. For this celebration nine individuals from various parts of the world came to contribute lectures on various subjects. These included Dr. Walter Bauer, Jackson Professor of Clinical Medicine at Harvard, and Dr. Francis D. Moore, Moseley Professor of Surgery at Harvard; Professor Charles H. Best of Toronto; Professor Irving S. Wright of New York and Professor Gerhard Domagk of Germany.

Dr. Bauer spoke on "The Responsibility of the University Hospital and Its Role in the Synthesis of Medicine, Science and Learning."

Dr. Moore spoke on "Body Composition as Studied by Isotope Dilution." Among his august audience sat a friend and fellow student of metabolism, Professor deHevesy, who as early as 1913 predicted the use of isotopes

in body compositional study and who in 1934 measured his own body water with deuterium.

Both Dr. Bauer and Dr. Moore were invited to a large academic reception attended by the King and Queen in Stockholm City Hall and a banquet attended by the Royal family.

Dr. Moore also attended the meeting of the Swedish Surgical Association, became its first American honorary member and was awarded the Acrel Medal of the Swedish Surgical Association in recognition of his work in surgical metabolism.

Bricks, Mortar, Aluminum, Glass

On a dismal autumn day in October, dignitaries assembled under a small tent over a smaller hole in the middle of the late Wigglesworth Street (closed off since the demolition of the Martin School last spring). It was the beginning of a new nutrition research laboratories for the Harvard School of Public Health which will rise behind Number 1 Shattuck Street.

The money for the four-story research laboratories will come from a gift of over one million dollars from the General Foods Corporation. The General Foods grant was hailed as a milestone, the first gift of magnitude to be taken out of corporate earnings for the capital purposes of a university. Dean Berry noted particularly the fifteen hundred different pockets, most of them restricted pockets, from which the Medical School presently finances its annual budget and praised the General Foods contribution for its unrestricted nature. An additional \$529,000 from the National Institutes of Health has been contributed toward the new research facilities. President Pusey and President of General Foods, Charles G. Mortimer added to the feeling of good will by throwing much gusto into their ground-breaking duties, as they wielded a pneumatic drill. *Sic transit* the silver-plated shovel!

As it turned out, these ceremonies were held adjacent to the site of

another school of Public Health structure, the environmental health research laboratories for studies in nuclear hazards, air pollution, industrial accidents, highway and aeronautical safety.

When contractors dredged the hill behind 1 Shattuck Street, however, they were forced to shore up the School of Public Health, in order to strengthen the underpinnings; foundations for the new buildings were begun together and construction will proceed simultaneously on both.

These two buildings will be a boon to the School of Public Health, which is trying in overcrowded conditions to do research and teach students from many parts of the world. "Anyone who knows this situation," Dean Snyder said, "will appreciate the words of Dean Sert of the Harvard School of Design when he emerged from a tour of our present buildings and said, 'These are not laboratories, they're labyrinths.'"

The School of Public Health also dedicated their new International House on Park Drive last fall. President Pusey formally named the remodeled apartment buildings the "Henry Lee Shattuck International House," and said that Mr. Shattuck had been, "in his quiet way, one of the best friends Harvard ever had." Mr. Shattuck quietly underwrote the amount needed to purchase the buildings and convert them into living quarters for foreign students and their families. In all, some 200 persons followed suit in contributing gifts, or efforts, for both.

Here on the quadrangle, new quarters for Surgical Research, which moved into C-2 when renovation started last summer, were designed and built by the Medical School's own Buildings and Grounds Department under Mr. Wilford Hooper. A new one-story animal house between C-2 and E-1 (consult your aerial map) is in convenient proximity to the new Surgical Research. "Dogs, rats and some mice," as well as two housewarmings to date, have livened up the scene and Surgical Research seem off to a good start.

Bricks and Mortar

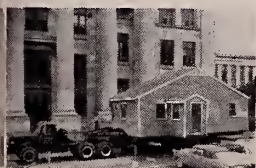
SCHOOL OF PUBLIC HEALTH



HENRY LEE SHATTUCK
INTERNATIONAL HOUSE

SURGICAL RESEARCH

NEW SITE FOR
BUILDINGS AND GROUNDS

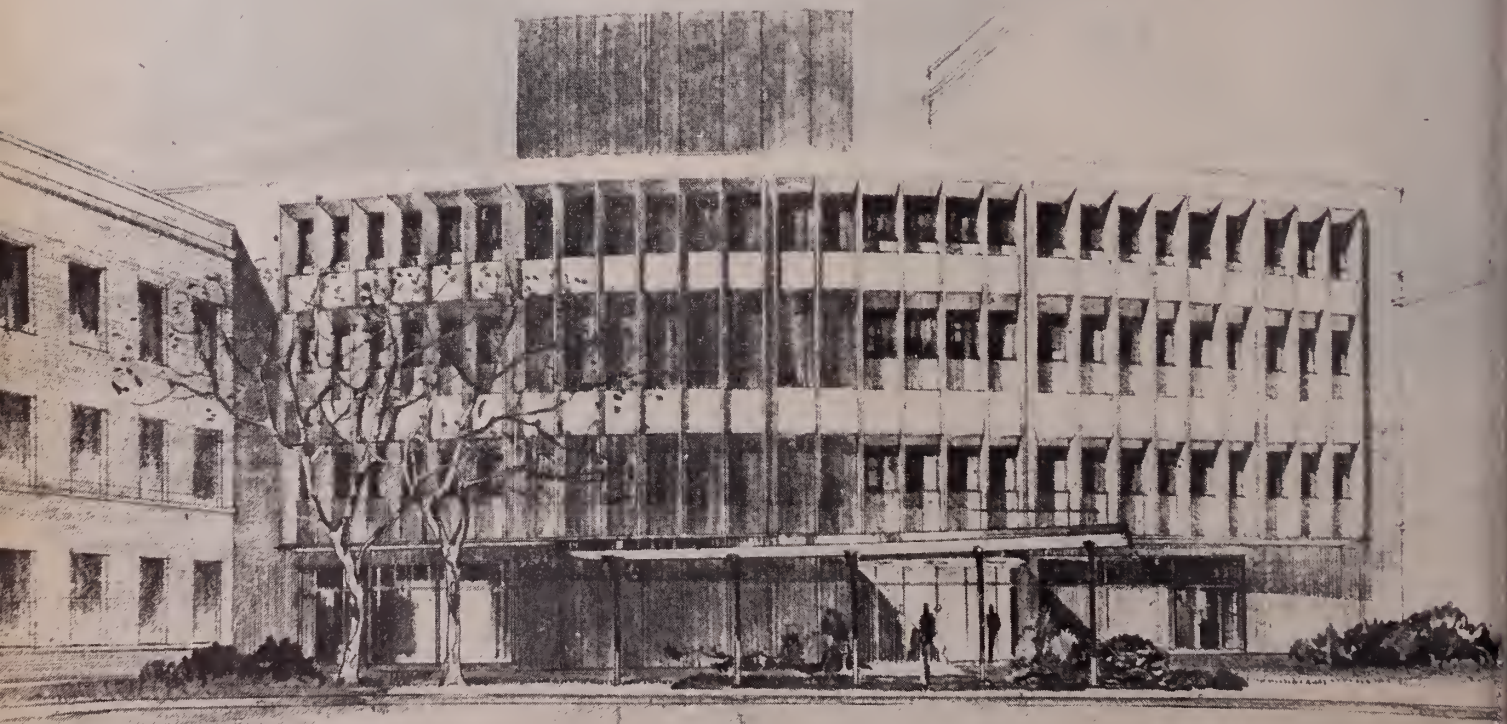
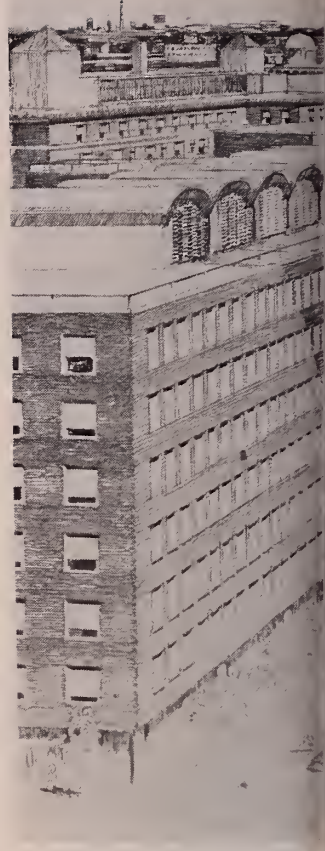
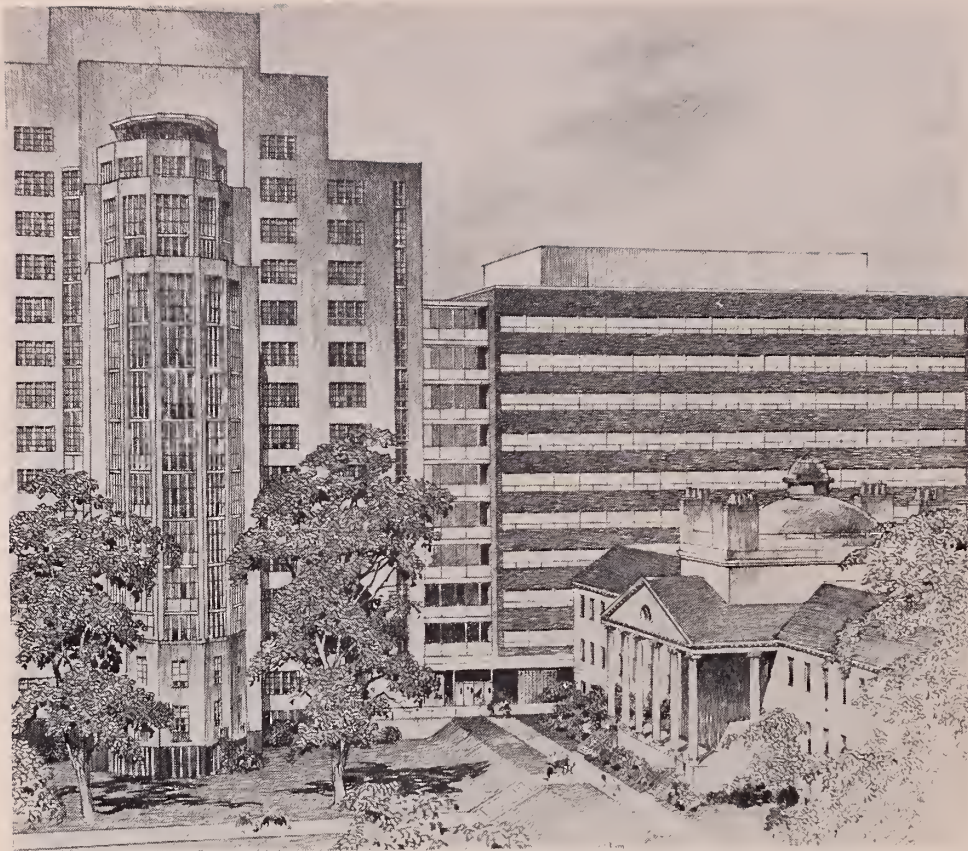


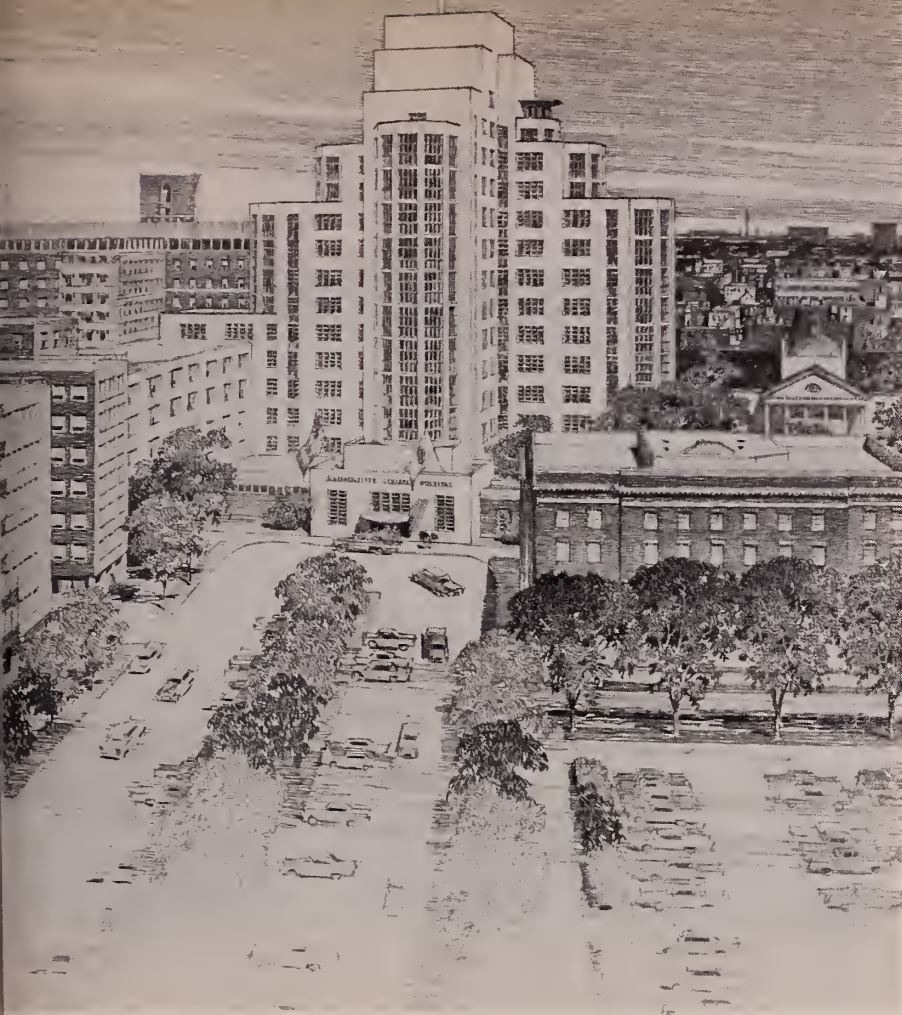
NEW ANIMAL HOUSE



SITE OF

1. NUTRITION RESEARCH LABORATORIES
2. ENVIRONMENTAL HEALTH RESEARCH
BUILDING, SPH





MGH

Contiguous with the Program for Harvard Medicine, the Peter Bent Brigham, Massachusetts General and Beth Israel Hospitals have launched drives for necessary expansion. On the left, the new surgical building of the M.G.H. may be seen rising to the right of the White Building. On the right, the new Clinics Building borders Grove Street on the left.

HOSPITAL BUILDING PLANS



BI

On the left is the façade of the planned principal entrance building for the Beth Israel Hospital. Situated between the Out-patient Department and the North Building, it will also house the medical Library, centralized clinical laboratories and additional teaching space. At right is shown the rear of the same building: this ambulance entrance will serve an expanded and remodeled emergency ward.

John F. Enders: Vir Integer

In the acclaim which has come to John Enders in the past six years, the story of his switch from English literature to microbiology has often been told. On the verge of a Ph.D. in early English philology, he met the vibrant, colorful immunologist, Hans Zinsser, and was swept up into the scientific romance. "It was really a combination of Zinsser and my friend, Hugh Ward," he says. "I lived in the same rooming house with Ward, and I used to go down to his lab and watch his experiments. My own course work at Harvard was in philology at that time: Anglo-Saxon, Gothic, Old Welsh and Norse. I didn't mind the thought of teaching for the rest of my life, but the research aspect bothered me. The results didn't seem commensurate with the efforts. Everything was pretty well worked over and much of the scholarly work I read dealt with original documents that in themselves appeared unworthy of the labor and thought put upon them by the investigator."

Was it philanthropy? "No," he says, "it was curiosity. Curiosity first and aesthetic pleasure second. There is great beauty in structure and in balance. I suppose I'm being banal, but I believe the most certain approach you can take toward the truth is by studying God's handiwork."

Dr. Enders entered Harvard Medical School in 1927, but he did not take an M.D. Instead, he emerged as one of the first Ph.D. graduates of that felicitous anomaly, the Medical School's Division of Medical Sciences. When he received his degree, Dr. Zinsser, for a spoof, got a crepe wreath and hung it on Enders' door.

"I did consider an M.D.," Dr. Enders says. "But I was old then — thirty — and time seemed to me of great importance. Today, I think I would take the medical course. The training is broader, and it's more convenient to get your materials and deal with them yourself. Luckily, I have always had M.D. associates who have contributed all the skills and knowledge that I unfortunately lack."

"Shy and retiring" are qualities the public seems to enjoy pinning on John Enders. "When they read this," says his good friend Franc Ingraham,



Dr. Enders in Hans Zinsser's laboratory — about 1930

"everybody pictures an ivory-tower research and a mousy man. He isn't that at all. He's an extremely broad person; I think he's at his best in a very informal gathering, relaxed and natural. The way he enjoys our Peristalsis Dining Club almost shows him at his complete self. If Gundersen is discussing his eye work, John is a great questioner and listener; he has a very dry and a very good sense of humor, but is not, like some of our members, a raconteur with an endless stream of anecdotes.

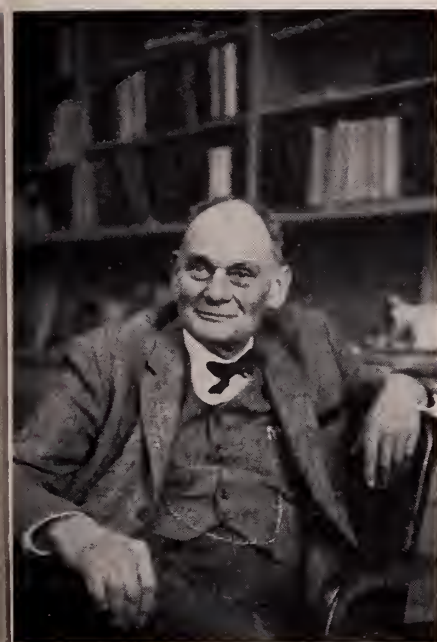
"When there is any reason for John to step forward, he doesn't hesitate to do so. I think he loves to work in a sheltered atmosphere where he can concentrate, just as he did in Zinsser's lab. We've always had a great respect for John's ability; of course, nobody was thinking in terms of prizes. I think the fanfare that goes with fame doesn't appeal to him. He gets cross, he's so sick of looking at himself."

As chairman of the Department of Bacteriology and Immunology for two years after Zinsser's death in 1940, Dr. Enders had a taste of administrative responsibility.

William McBrearty, who was Dr. Zinsser's technician, recalls with par-

ticular vividness a desperate veterinarian's plea that Dr. Enders diagnose an epidemic in a nearby minifarm. He begged him to make a diagnosis: "We were to spare no expense," says McBrearty, "and the breeder brought us about \$10,000 worth of dead mink — minus their skins! Dr. Enders had me do the bacteriological cultures. It turned out to be a streptococcal infection, which the mink caught when they were fed infected cows' udders. Dr. Enders suggested sulfa and isolation of the sick mink, and the epidemic was finally whipped. We remembered the breeder's word about sparing no expense, and when Dr. Enders was asked to submit a bill, we all had high hopes of mink coats for our wives. 'I don't want anything for myself,' Dr. Enders said, 'but I'd like you to give each of my technicians something — I'd like you to give them each \$15!' We didn't get our mink coats, but he taught us a lesson in idealism."

John Lyons, who was for many years Dr. Enders' "monkey man," recalls Dr. Enders at work with a group of young research fellows: "They wanted to show they had the measles virus by injecting the monkeys. Yo-



Franc Ingraham, '25

At the Children's Hospital, 1961

were never sure what you had in your test tubes in those days — that was before Enders came out with his measles tissue culture. One of the investigators got excited when he saw a rash on the shaved part of the monkey's abdomen. These fellows would be all hepped up, you know; they thought they had it right there. Dr. Enders didn't say much, but after they had all gone (if you knew how conservative he was, you'd get a big charge out of this), he looked at me and said: "What do you think, John? Just a few pimples?"

Sometime during these two years, he decided that his real interests lay close to research. It was to be an eventful decision.

In 1947, Dr. Enders moved down the street to head his own laboratories as Chief of the Research Division of Infectious Diseases at the Children's Hospital. A former research fellow recalls that "it was not the most glamorous laboratory around here. Dr. Enders was finicky about whom he picked; he had a small group, and he liked to keep it that way. In most laboratories, you're lucky if you see the great man once a month; but he could come by almost every day, and

he would enjoy talking to you about your work because he was genuinely curious. Sometimes he would be in a talking mood late in the afternoon. A couple of times, I had a date. As time passed, I might drop a hint, but he was so immersed in his subject, he never even noticed.

"I never felt I had to follow his suggestions on my research (although I often found that I did) and I never had the feeling he would quiz me later. I wouldn't have missed those two years for anything, or the exposure to what I consider his greatest trait; the ability to get at the nub of a problem and come up with a simple approach."

Dr. Enders has, however, never believed that the Bunsen burner, the loop and the genius are the sole requisites to success in the laboratory: "Other things being equal, I believe in 'Occam's razor' that 'hypotheses should not be multiplied.' I think you must see the need for apparatus before you acquire it: and I think research should seek the simplest answer in the simplest way. But sometimes, there's no simple way!"

Dr. Enders once went to Professor Wilson, the biostatistician, and asked him to interpret data on 10 monkey blood smears. Wilson could make nothing of the data by biostatistical methods. "You'll have to bring me 500 or 1,000 such preparations," he said. "Why," said Enders, "that's an awful lot of work, I don't want to do that! Isn't there anything else I can do?"

"You can look at the data," was the reply, "and use some common sense." "And that," says Enders, "is what I've been trying to do ever since — use common sense."

When he wants to get away from the lab and really retreat, Dr. Enders likes to go down to the old family place on Long Island Sound. He enjoys sailing and fishing, and shore activities in a general way, where nature is undisturbed. If he were starting over, he says, it might be as an ichthyologist! Here in Brookline, he gardens a good deal; but he dislikes travel, especially air travel. "I think he has a faint idea that planes are in the same state as they were when he was a flying instructor in World War I." In order to avoid flying, he and Mrs.

Enders traveled across the North Sea by boat, when he went to Stockholm in 1954 to receive the Nobel Prize for cultivating the polio virus.

Describing his more recent work on a vaccine for measles, Dr. Enders explained to medical students recently that the virus had fascinated him ever since he began working on it twenty years ago. He found it a subtle, changeable agent with a good deal of mystery. It reminded him of Virgil's comment on women. Like women, the virus was, Enders said, "*variabile, mutabile semper*," and added, "which I shall translate for this classically unenlightened audience."

To call John Enders a classicist in tastes is to encompass a good many particulars: his lectures; his style in writing; his love of Bach and Mozart; and his favorite authors, Marcus Aurelius and Montaigne. The greatest poetry, he feels, is usually distinguished by a touch of austerity.

A feeling for the melody and classic balance of his prose may be given in a single example, the sentence with which he opened his memorial tribute to his teacher in 1940:

Various were the attributes of Hans Zinsser's luminous mind and spirit.

He is one of those rarities among scientists, an excellent writer. Letters, therefore, did not lose John Enders to science, either in the narrow or the broad sense. For how rare today is Horace's idea of the integrated man; the man who seeks to integrate his personality with his environment? Who dares? Yet, Dr. Enders finds this concept axiomatic enough to be hardly worth dwelling upon.

Dazzled as we are by the fireworks of the modern world, it is the rare man who senses our rich core of being. The evidence for his greatness is not in accomplishments or fame; these may indeed obscure the truth. It can be found in the hearts of his friends, and in words of depth and simplicity to which he would subscribe; For as Montaigne once said:

We are great fools. "He has spent his life in idleness," we say; "I have done nothing today." What, have you not lived? Our great and glorious masterpiece is to live appropriately.

A PROGRAM FOR HARVARD

At a press conference in New York on November 22, President Pusey and Dean Berry announced a \$58,000,000 long-range program to strengthen Harvard Medicine so that it might better meet its national and global responsibilities. The announcement, which came exactly 178 years after Dr. John Warren was named as first Professor of Anatomy and Surgery, inaugurates a new phase in the University's five-year-old effort to enhance greatly the financial support of the Faculty of Medicine.

Since 1956, the Medical School and the seven private associated teaching hospitals that together comprise the Harvard Medical Center have quietly raised over \$21,000,000 toward the goal of providing \$58,000,000 for Harvard Medicine — primarily for the Faculty wherever it teaches and conducts its research. The successful completion of the Program for Harvard College, whose resources were solely applied to undergraduate education and to the Faculty of Arts and Sciences, has now made it possible for the University to devote its development energies to the area of medicine.

Chief objectives of the Program for Harvard Medicine will be to provide more full-time tenure appointments, raise Faculty salaries, and furnish more unrestricted capital to develop promising areas for advance in teaching and research. The Francis A. Countway Library of Medicine, now in the planning stage, is the only building included in the Program. The Medical School and the teaching hospitals will be individually responsible for raising capital to carry out their various building projects.

The Program for Harvard Medicine will be chaired by Ridley Watts, Harvard College '23, of Short Hills, New Jersey. Mr. Watts, who is a retired executive of Spartan Mills, heads a National Committee being formed of prominent lay and medical leaders, many of whom are alumni of the University. Regional committees will be formed in the next few months and the Program will undertake to obtain support from all major sources of philanthropy in the country. The Harvard Medical Alumni Association has formed an ad hoc committee headed by Charles B. Huggins, '24, to develop a close working relationship between the Alumni Association and the Program's committees.

Both Mr. Pusey and Dr. Berry emphasized that the growing need for physicians and medical scientists cannot be met until the nation takes effective measures to over-

come the critical shortage of teachers of medicine. With over 800 vacancies now existing on the country's 85 medical faculties, it is virtually impossible to expand present schools or create new ones without a serious loss in educational quality.

Mr. Pusey stressed the historical role of Harvard as a major source of teachers and scientists for medical schools as well as a provider of practitioners throughout the world. The President added, "We believe deeply, however, that it would be unsafe to assume that the excellence of Harvard Medicine will continue automatically on the strength of reputation, tradition or past glories. Excellence is a quality that must be won in each generation. In this truism can be found the reason for the Program for Harvard Medicine."

Of the \$58,000,000 total, \$14,500,000 will be used for the basic sciences and \$2,500,000 for the behavioral sciences. The clinical departments have been allocated \$33,500,000 and the Countway Library, which will house the recently merged Harvard and Boston Medical Libraries, will receive \$7,500,000.

In outlining the specific aims of the Program, Dean Berry emphasized the need for increasing faculty salaries — adding more full-time tenure appointments — only 72 of the present faculty have tenure — and providing privately endowed funds to balance the great influx of public research grants.

The University does not consider it possible to continue to attract leading teacher-scholars to Harvard without an increase of salaries throughout the Faculty of Medicine. And, as the Dean noted, "we must do justice to all of our Faculty who are making important contributions to the health and vigor of the nation, often at considerable personal sacrifice."

He pointed out that the senior professors must have tenure and salaries commensurate with their responsibilities and obligations. The situation is particularly acute in many clinical departments in which as little as \$1,000 is available from the University to support the department head. Among the younger men in the Longwood Quadrangle and in the hospitals, the lack of secure income from the Medical School has also hampered teaching and research. Most of the junior faculty and staff are dependent for their livelihood upon short-term grants from the Government or foundations. In the middle group, some departments have found it very difficult to

MEDICINE

provide continuing support for teaching and research personnel, many of whom find it necessary to take positions on other faculties or in research laboratories in order to meet the pressing personal and educational demands of their growing families.

The Dean does not envisage any radical change in the use of part-time faculty and staff. These doctors bring a constant stream of fresh experience and insight into academic medicine. But in the face of explosive advances in medical knowledge and vastly increased teaching responsibilities, the Faculty believes that the part-time members can operate most effectively if they are mobilized about a core of full-time teachers and investigators.

Anatomy represents a clear example of a department in which advances in scientific techniques and knowledge necessitate a strengthening of the full-time tenure posts. The dynamic impact of the electron microscope alone in anatomy has rendered obsolescent the traditional concept of a single master-teacher in gross anatomy. No one professor can now hope to encompass in his own mind, let alone teach, the whole molecular structure of the body. Anatomists with new and varied skills in this ancient science must soon be added to the Faculty.

Other new professorships must be created in such promising fields as the neurosciences, genetics, biophysics, enzyme kinetics and mathematical biology. The exploration of chemical factors which are at the basis both of biological function and specificity is an important aspect of these disciplines. Such problems are being approached at the Peter Bent Brigham Hospital by Dr. Bert L. Vallee and his group in the Harvard-Brigham Biophysics Laboratory, through a study of the role of metals in the molecular basis of enzyme action. Trace metals, the biological significance of which was unknown, have been found to be combined of many enzymes thereby decisively controlling metabolic processes. The distinctive chemistry of metals, moreover, has rendered feasible the translation into chemical terms of the function of some of these important biological catalysts.

Mathematical biology, another of the new disciplines for which support is being sought, involves the use of mathematical thinking in establishing theoretical models of biological processes. Dr. Anthony F. Bartholomay has recently been named the first Assistant Professor of Mathematical Biology in the Department of Medicine.

The behavioral sciences will be allocated funds for the establishment and endowment of programs in the related

fields of experimental psychology, social psychology, cultural anthropology and sociology. Five or six professors will come into tenure posts.

The major portion of the Program for Harvard Medicine, \$33,500,000, is earmarked for the clinical departments. Of this amount, \$11,250,000 will be devoted to the support of existing departments; \$13,750,000 for over a dozen new full-time professorships; \$8,500,000 will be directed to full-time development of medical and surgical specialties. "There is, for instance," Dr. Berry has commented, "no full-time professor of orthopedics at this time, and the field of obstetrics and gynecology demands greater endowed support." Another clinical area designated to receive endowed funds is radiology, which heretofore has not been given adequate academic recognition and resources.

Although the public teaching hospitals, such as the Boston City, the Massachusetts Mental Health Center and the several Veterans Hospitals, are not formally part of the Harvard Medical Center, the clinical departments at these institutions will also benefit from the Program through increases in Faculty salaries.

The President and Dr. Berry said that the Federal government has been a most energetic and helpful partner in research and that the University expects to continue this mutually profitable relationship in medical research. The Dean, however, does believe that privately endowed research funds must also be available in order that the Faculty can have independence to pursue investigations in fields that may not appeal to a government agency or foundation and that departments should have the financial freedom to undertake long-term research programs not provided for by project grants.

The inevitable question of growth of the medical student body was discussed by the Dean with the press and he noted that the Medical School and its teaching hospitals already were teaching over 1,500 students in various programs in addition to the approximately 480 students working toward their M.D. degree. "In considering expansion in any segment of our student body," said Dr. Berry, "the Faculty of Medicine will always give first thought to the matter of excellence. The nation will need more doctors, but it will need more *good* doctors and every medical school will have to view expansion in terms of what it can do without lowering the standards of excellence they have fought so hard to achieve in the past half century."



"... Atlantic City . . . one can scarcely imagine a less favorable environment for the transmission of knowledge."

THE CONVENTION=

A Critique

Rolf Liium, '33

EVERY time I think of Atlantic City I catch a glimpse of sun-drenched, steaming hot miles of boardwalk; of a convention hall that qualifies as the biggest Turkish bath ever; of tired feet, weary brain, stuffy rooms and agonizing perspiration. One can scarcely imagine a less favorable environment for the transmission of knowledge. The selection of Atlantic City is on the basis of size, for only three or four cities in the U.S. can hold the gigantic groups. This leads to the inevitable conclusion that the larger things get, the worse they are. Conventions should be held in places where one can look out at water and mountains and reach the streams and forests in a few minutes of walking. The best convention I ever attended was in Davos during ski season.

I am not suggesting that conventions are on the way out, for in the average human there seems to be a

deep, fundamental need that can be satisfied only by the herd. Our convention is the equivalent of the primitive pow-wow; it is an extension of the adolescent jam-session or the mass-cheer.

On first impulse, we might think that present-day conventions are generated by enterprising innkeepers; but such is not the case. Every trade, profession or group of what-nots carries its fringe of Jolly-Rogers whose slogan is, "Let's get together." This may seem at times to be carried to the point of absurdity. At one convention I found myself in the same hotel with the Society of American Grandmothers. While we were looking over the grandmothers, they were having a gander at us, and I heard one sprightly number remark on the elevator, "What do Surgeons do at a convention? Surge?"

Well, what do they do? Witness

Dr. Jones picking up his program at the registration desk. Jones has come to learn, and in his eagerness, thumbs through the pages, casually at first, trying to catch the temper of this excursion with great minds. It is a tome, about the size of a fine-print telephone directory for a populace of 90,000. And he soliloquizes, shifting to one leg, then another, while leaning against the registry desk, "There is Sir Henry Phelps over from England, giving the Memorial Lecture; I'll put a big cross there, representing a must. And here is Bulfinch Maddock on Etiology of Cancer. Probably the only one who knows. I'll have that. And oh, great luck, my old classmate and pal talking on Reasons for Doing Something. Now those three I will hear for sure. But, no, not really. They couldn't all be at 3:30 on Wednesday. How is that possible?"

One simple, psychological fact

should guide those who plan conventions. The human mind in youth, at its best, can concentrate well for one hour. It then begins to wander. After three hours of continuous application it is about as efficient an organ for the reception of knowledge as a summer squash. With progressive age, things do not improve, and after a cocktail for lunch, school might as well be dismissed.

THE PANEL

I HAVE never been on a panel, and perhaps this section should be written by one who has experienced the exquisite delight of reaching for a microphone and suddenly hearing his own voice booming knowledge over the loudspeaker. However, the non-participating critic has his proper function too.

There are many types of paneleteers. The most obviously at fault are the two extremes of right and left. On the right is the authority with lots of stuff who comes poorly prepared. He just flew into town, has not had a

proper breakfast, or shave, and in the confusion of it all, he forgot to make any notes. At the left is the person who is even worse; he has nothing to say and comes unusually well-prepared. One must be on his guard against this fellow and it is not until you are at home and look over the notes that you realize the enormity of his convincing impudence.

The word "feel" creeps insidiously into the vocabulary of the panel. "Do you, Dr. Blank, feel? What is your feeling, Dr. Ichabod, on this matter?" But "feel" is a word of subjectivity, of rank speculation based on vague impression. It has no *raison d'être* in the framework of factual knowledge. I would be quite willing to grant it full scope in a convention of artists, musicians or novelists (who, strangely enough, are the only ones who have no conventions).

The equality of a panel is rather disturbing, for it concedes from the outset that the opinions of the paneleteers are to be weighed against each other. This often leads to unnecessary confusion, for one paneleteer is usually more competent and all-around

than his fellows. But gentlemanliness being the better part of paneleteering, the authority refuses to expose the incompetent by straight talk. Instead he pussyfoots, "I hesitate to enter a note of disagreement," when what he means is, "This is not so, and I will prove it; may I have the first slide."

THE DISCUSSOR

IT gives me great pleasure to discuss the very lucid and most admirably presented paper by Dr. Bloke. For some time our laboratory has been concerned with the same circumstances, and we have put things together a bit differently than the essayist and his colleagues. All of you are conversant with the facts, and we will not here belabor you with the elements of the problem. Yet it is worth our time to review a few essentials before attacking the heart of the difficulty. (May I have the first slide.) I hesitate to show a slide at this moment, because I am only discussing a paper that has already been presented so



"Now those three I will hear for sure!"

succinctly by the assistant to the professor. Nevertheless, I cannot explain my thesis without a diagram, which you see here.

"Here we have Nothingness at one pole and Somethingness at the other. The speaker has focussed on this middle area of the diagram which he designates as an 'average' or 'mean,' a kind of balanced state where the forces are in equilibrium. We feel that this concept is quite erroneous. The state halfway between the poles of nothingness and somethingness is really 'in-betweenness,' and it is thus that we label it. I only wish to make this point and thank you for the privilege of discussing this excellent paper."

And there you have nothingness.

THE COCKTAIL PARTY, THE BANQUET AND THE SPEAKER

THE cocktail party and banquet, which constitute a social unity, flow

harmoniously one into the other and culminate in the after-dinner speech.

There are several different kinds of after-dinner speakers. We find that the man with a message is perhaps the most unsuccessful of the tribe. He is never invited again. The reason that he came in the first place was that someone on the committee wanted to buy his influence. It may seem unbelievable to the reader but there are people who will work and move mountains to be elected President or Secretary of a convention.

Another kind of speaker is the humorist, the funnyman. If we see him on T.V. when the kids are home for a holiday, we excuse ourselves and retire. Not that we lack a sense of humor. Everyone has a sense of humor. To prove that general fact, you need only ask a number of people, "Do you have a sense of humor?" and to a man they will answer in the affirmative.

To diverge: It is said that Englishmen have no sense of humor. But I can recall vividly the wide-open, guffawing mouth of one Englishman whom I considered absolutely devoid

of humor, when my wife made a bad pun. He in turn must have regarded my blank face with the damning thought, "That chap is really quite without humor." The English love distortions of famous slogans and bits of poetry: "Eggheads of the world unite! You have only your yolks to lose," was most likely invented by an Oxford Don, maybe a professor of English Literature. We need only recall that the Reverend William Spooner resided in Oxford and spent much of his time transposing a few letters to produce such distortions as, "He dealt the man a blushing crow," hence Spoonerisms.

To return to the main stream of thought; we do have a sense of humor, but it does not run to after-dinner speakers who follow a banquet that has been preceded by a cocktail party.

At this point we notice women in the audience, but why are they present? Eliminate for the moment a small minority who come as paid secretaries to take notes, and concentrate on the distaff side of families. If the ladies accompany the gentlemen because they are in need of a holiday, it



"... the exquisite delight of hearing his own voice booming knowledge over the loud-speaker."

is a serious reflection on the general plan of their family life. No convention was ever a substitute for a week in the Caribbean or a trip to Yugoslavia, where rumor has the beaches as silvery sand; the natives happy, white-teethed and dancing; and the mountains with a blue light in the evening. Wives should state their case clearly in such matters and say, "Why don't you go to Atlantic City for your damn convention and when you return, we will meet in New York and take off for this delightful place."

A small minority of wives have read in *Holiday Magazine* about Chicago and Mexico City, and may have been

unduly impressed by a colored picture of a middle-aged man doing some exotic dance spontaneously in the center of the floor with a scarcely-dressed siren who belongs to the chorus. Any wife who is motivated by such considerations to follow her husband on the convention circuit is doomed. If he has such axes to grind, he will sharpen his point close to home as well as abroad.

But wives are present at conventions, and they will be there in spite of all my comments. They suffer the after-dinner speaker with grace, fortitude and boredom, expressed in generous applause.

I suggest that they be allowed to plan everything after the cocktails.

P.S.

THESE are some notes made at random while sitting in the Chicago Art Institute between sessions of the American College of Surgeons' Convention. I am willing to accept credit for whatever the reader approves. The things that ring not quite so true must be attributed to those modern innovators and distorters, Picasso, Kandinsky and Gris.



"For some time our laboratory has been concerned with the same . . ."

DIAGNOSIS DEFERRED

An Exercise in Semitercentenarianism

A brochure that emanated from the school last fall on the development of Harvard Medicine cannot fail to impress all loyal alumni, as the expression goes. It was originally issued on May 10, 1960, to the Overseers and to the Committee to Visit the Medical School, which had performed its function on that day.

The five-year-old Harvard Medical Center, consisting of the School and its seven satellites — the teaching hospitals associated with it — is quite remote from any material considerations. As stated in the brochure, it does not own property or hold money. It is neither a drawer of wood nor a ewer of water but a federation of organizations "united by common agreement to strengthen Harvard medicine."

Nevertheless, the peculiar fascination of the brochure lies in its series of illustrations, the first of which, a location map, designated, for purposes of greater clarity, a "site accommodation study" shows, by the ingenious use of red and black, the physical relation of the Medical School area to the proposed inner-belt highway, the Charles River, Fresh Pond and the University in Cambridge and Brighton, including Soldiers Field.

Bearing no close resemblance to the numbered ages of man, six site accommodation studies follow, showing the six projected stages in the development of the Harvard Medical School campus of the future. This will be a self-contained community where young men may see visions and old ones possibly dream dreams, virtually cloistered from the traffic of a brave new Huntington Avenue.

First will come the two new buildings of the School of Public Health, between the Longwood Quadrangle and Huntington Avenue; then the Countway Library, straddling the Huntington Avenue end of Shattuck Street, its southerly foundation resting on the present site of the Brigham Nurses Home. Stage 3 portrays two five-story buildings for teaching and

research, balancing each other behind Buildings B and D and C and E of the Medical School, and Stage 4, the beginning of a new Brigham Hospital "complex" on the westerly end of the Brigham property, and a new Administration Building between the present marble headquarters of the School of Public Health, once the Infants Hospital, and Building A.

Stage 5, if the reader is still with, or ahead of the writer, is ambitious enough in itself — the completion of the Peter Brigham complex, to include the Boston Lying-In, the Free Hospital for Women, the Robert Breck Brigham and the Eye and Ear Infirmary. Stage 6 will tidy the situation up with a six-sided (hexagonal) auditorium and three other buildings on the present site of the Brigham, still another building for the School of Public Health, a new Dental School, a parking garage and the possible conversion of the Lying-In Hospital into a nurses' home and training school for the whole area. Possibly the greatest benefit to health of the entire scheme will be the amount of walking required to get from place to place, since all automotive traffic will be restricted to the periphery of this Hippocratic City.

In view of the purely intellectual, academic, organizational and practically spiritual nature of the Harvard Center, the units that compose it must look to their own devices for their material progress. Thus, the only part of the newly initiated \$58,000,000 Program for Harvard Medicine relating to bricks and mortar (perhaps more appropriately glass and aluminum, but God forbid) will be the construction of the Countway Library, funds for the building, equipment and endowment of which are practically in hand. Among the individual programs and claims for their support that have been advanced are the Peter Bent Brigham's bid for \$7,000,000; that of the Beth Israel for \$7,500,000 and the program of the Massachusetts General, which has just

celebrated its elusive hundred and fiftieth anniversary, for \$20,000,000.

This celebration leads naturally to the subjects of anniversaries, the observance of which is often restricted to those that are concerned with good round numbers, and of convocations. "Convocation" is a word that has resumed its place in the academic vocabulary of America, just as "image" has become a sort of password whenever wise men of far vision wish to communicate with those whose misfortune it is to be somewhat less gifted.

"Convocation," according to Noah Webster, the Connecticut lexicographer, has a more specific meaning than merely "an assembly of persons convoked," since it is, in the usage of the Church of England, "An assembly of clergy, by their representatives, to consult on ecclesiastical affairs." The Protestant Episcopal Church considers it as "A diocesan convention of a voluntary organization of clergy and some of the laity," and so forth. Its usual connotation is therefore distinctly ecclesiastical.

However, the medical schools of Dartmouth and Yale, each sired by Nathan Smith, held convocations last fall, and the recent sesquicentennial anniversary of the Massachusetts General Hospital revolved around a three-day convocation "To Heighten the Hope of Man," and was adroitly used for the public announcement of the institution's fiscal needs. But language and the use of words are changing and fluid, with the massive and relentless movement of a glacier; one must take care not to fall into a crevasse.

Even as the Yale Medical School's hundred and fiftieth anniversary was celebrated in 1960, forty-six years after its centennial observance, so the Massachusetts General has proclaimed its own semitercentenary just forty years after the occasion of its hundredth birthday. In 1811 an idea was conceived and in 1821 an institution was delivered.

By the same using of dates to their best advantage, the Medical School's Program for Harvard Medicine was launched precisely a hundred and fifty years after the School's twenty-ninth anniversary.

Editorial

THE CASE FOR A TWO-YEAR MEDICAL SCHOOL IN MASSACHUSETTS

In 1952, Massachusetts' Governor Dever gave forceful backing to a bill proposing a four-year medical school for the State. In 1955, there was another flurry of interest under Governor Herter. In 1960, excitement rose to a new high, as Governor Furcolo's administration succeeded in passing a medical-school bill in the House of Representatives, only to have it defeated in the Senate. This latest version called for a four-year school to be built adjacent to the Lemuel Shattuck State Hospital for chronic diseases in Jamaica Plain. Financing was to come from a \$14,000,000 "surplus," which the Governor anticipated for the fiscal year!

The Need

Ward Darley, Executive Director of the Association of American Medical Colleges, has aptly said, "Now, almost fifty years later, we find again that medical education has much in common with the era of the Flexner Report of 1910. The gap between what is known and what is taught is once more becoming wider than can be justified." Our output of research and gain in general knowledge of medicine is not being implemented by a comparably developing body of physicians. Although Massachusetts' per capita doctor population is relatively large when compared with that of other states, its future needs are nevertheless considerable. Those who desire a four-year state school of medicine point out that the present three private schools cannot or do not accept enough of the Bay State's students who are eager to enter medicine. They point also the fact that the majority of those who graduate from these schools now leave the state for greener pastures of practice.

The Method

Placed in the framework of the impending doctor shortage, a proposal for a new medical school may claim a good deal of merit. Placed in the framework of Massachusetts, however, and especially of Boston, it poses many questions:

1. Does Boston have enough clinical material to support another four-year school? Would the suggested transplantation of part of Boston City Hospital to the Shattuck area so deplete the clinical facilities of the three Boston schools that the training in these schools would suffer?
2. Are there enough teachers to staff a new school adequately? (This must include both teachers of basic science and clinical medicine.)
3. Can Massachusetts afford a new school at a cost of approximately fifty million dollars? Can it afford the yearly budget for such a school?
4. Would state aid for expansion of the present schools offer a more realistic approach to increasing the number of medical graduates?

We who belong to the Tufts, Boston University and Harvard medical schools may justly be criticised for our negative attitude. We *have*, after all, our place in the sun. Those without present medical-school connections, who support such a new school, rightly seek greater medical coverage for a rising state population, many of whose communities are now without a full-time physician; and they are not alone in what they seek: this is a national problem.

However, the simple establishment of a four-year school may create more problems that it solves. Confinement of medical-school applications to Massachusetts residents could only limit the strength of a school, as it has in other state institutions. Restriction of graduates to practice in Massachusetts is impractical. In the spheres of finance, applicants, clinical material and teacher-staffing a new four-year school might fall short in meeting high standards of medicine and at the same time might compromise those schools now flourishing effectively in Boston. Furthermore, if one looks at the over-all New England scene, a city like Providence, Rhode Island, with its hospitals and academic facilities, seems a much more logical spot to initiate a medical school than to crowd a fourth school into Boston.

One Solution

As each flurry of excitement for a new four-year school has abated, enthusiasm for a two-year basic-science medical school has had a momentary surge. At least eight other states, including Arizona, Michigan, Ohio, New York, and California have undertaken their own studies of such schools. At the moment, however, the two-year school does not seem to be a popular institution. There are only three among the eighty-five medical schools in the country; each of the Dakotas has one, and Dartmouth Medical School is the third.

President John S. Dickey of Dartmouth College reviewed the sad history of the two-year school recently. This institution, he said, "whose graduates complete their M.D. studies by transferring to the third-year class of a four-year school, had its first flowering in this country about fifty years ago at the time of the Flexner Report, when a number of four-year schools chose this course in preference to extinction or second-rate citizenship. The Dartmouth Medical School, whose founding in 1797 was the work of that John Appleseed of American medical education, Nathan Smith, was one of the historic four-year schools that followed this course.

For at least a decade following World War II, it was rare to find anyone in medical education who had any opinion concerning the two-year school except that it was headed for imminent extinction. It was at this point, when Dartmouth was about to succumb under this judgment, that Dr. Alan Gregg of the Rockefeller Foundation undertook a personal appraisal of the question for Dartmouth. "If Dr. Gregg had not been a responsive man," says Dr. Dickey, "who had it within him to re-examine his own premises and to rise above the surrounding climate of respected opinion, Dartmouth would today be out of medical education and, in going out, would very probably have buried the idea of the two-year school for present purposes.

"After looking at the question, both in relation to Dartmouth's situation and in relation to the national needs of medical education, Dr. Gregg changed his mind, as he once said, 'about 180 degrees,' and in so doing helped give the vitality of significance to an idea that was withering, largely because expediency is an insufficient diet for the nourishment of any idea."

One of the problems of the two-year school is the transfer question at the end of the two-year course. Of great import, says Dr. S. Marsh Tenney, Dean of Dartmouth Medical School, "is the curious psychological setting which is created by the necessary dependence of the two-year school on four-year schools." The two-year school is placed in the awkward position of examining every decision of major importance in the context of its acceptability to the institutions where the student may transfer. But the relationship between Dartmouth and Harvard proves that these problems can be amicably adjusted for the benefit of both. Another problem is that a two-year school has no graduates and never has the strength of such a body upon which to rely.

The successful Dartmouth experience encourages the concept that a two-year school in Massachusetts could help solve the doctor shortage. This can be accomplished particularly well within the framework of our existing medical schools. It would certainly be cheaper. Basic-science teachers can be mobilized from our university environment in Massachusetts and elsewhere to supply the excellence of teaching that would maintain the present standards. In many ways a two-year school is stronger because it is more completely oriented to pure basic science than the first two years of a four-year school, and this is important. Complete physical and financial separation from clinical teaching services actually gives such a school greater academic control over the early development of its students. What clinical facilities are required in the second year may be supplied by situating such a school in Worcester with close academic association with the universities in the Boston area. Then, by virtue of the relatively high drop-out rate in American medical schools (500-900 in the country) and the ability our three schools have of expanding in the clinical years, 150-200 graduates of a two-year school could be absorbed into these third and fourth years to complete their clinical training. In the next few years Dr. Gregg's imaginative wisdom and Dartmouth's energetic realism could serve as an example to those who seek new medical-school facilities for Massachusetts and her sons.

J.R.B.

Runnin



*Worms — or
appendix —
or both?*

Reprinted from *Scope Weekly*. Courtesy, the Upjohn Company

Puerto Rican Hospital after Internship



Diet: too much rice, and nothing else



Age range: two through six

A Doctor Couple in the Island Outback

Thomas L. Hall, '57

We Come to Castañer

Known locally as "The Radishes," Castañer and the valley that includes it are situated at a cool 1500' altitude in one of the most rugged and picturesque regions of west central Puerto Rico. Although Castañer has a post office, it has little else, since it cuts the boundaries of four different municipalities and belongs to none of them. Living thus on the periphery of their respective municipalities, some two to three hundred families have come to regard Castañer valley as their community.

The valley is almost entirely dependent on coffee and bananas for income. In order to compete with Central and South America, the Puerto Rican Government already subsidizes these crops heavily, and it is unlikely that the daily wage of \$2.36 can be significantly increased. Rain and the seasonable nature of these crops conspire successfully to maintain unemployment at between 15-20%. With annual family income averaging about \$500, the area is among the most depressed of the island.

In this community, Francoise and I arrived during the summer of 1958, fresh from a McGill internship and with the ink scarcely dry on our National Board exams. Officially, we were regarded by the Project as one doctor and would ordinarily have had one more experienced doctor over us. Recruitment efforts failed, however, and within three weeks, I was named Medical Director. We found ourselves the nearest doctors for an estimated 15,000 persons.

The "hospital" had almost to be touched to be believed. Holding up a tired 15-year-old coat of pink and gray paint and decorated artistically with spider webs, the 20-year-old, termite-ridden barracks was a one-story frame building in the shape of a "U." It housed some 30 general and obstetrical beds, a modestly equipped operating room, a tiny but remarkably adequate pharmacy, and a laboratory. The clinic was a scant 100 feet away. It occupied the modified ground floor of a two-story house. It was in these humble facilities that the medical unit annually provided some 6000 days of hospitalization, attended



12,000 outpatients and ushered 300 Puerto Rican babies into the world.

Our Puerto Rican and American nurses, and the Puerto Rican aides, the latter trained for only three months, were excellent. And although the medical facilities were inadequate by our standards, we quickly learned that our primary limitation was our own inexperience. It was during these early days of self-appraisal that we became aware of a principle we now consider most important: in Castañer, it was not sufficient merely to anticipate and answer the problems of a "normal" medical practice. We had had constantly to recognize much broader problems than we had ever considered within the pale of medical practice. The whole of the economy, no less, and ingrained social patterns were included in our problems. Of these, I shall have a good deal to say.

WE quickly found that our pharmacy was the life of the hospital. Due to the intermittent turnover of Castañer physicians, we arrived to find the pharmacy hopelessly disorganized. During our first "100 days," we made great efforts to review, evaluate and catalog every drug stocked, eliminated all the worthless or dangerous ones and made a Castañer "General Hospital Formulary" for future use. We also pored over countless books already procured by our predecessors in a "crash program" designed to familiarize ourselves with the preferred treatments for specific local diseases.

Francoise's native French helped her somewhat with Spanish, but for both of us, learning Spanish was a dire necessity, to the extent that we learned geometrically from our patients. Within a week, we had dispensed with interpreters for all but the most complicated histories and in less than a year the medical meetings were held completely in Spanish. My Spanish became conversational just as our Eric began to talk, and somehow I have continued to use that language with him. Francoise on the other hand uses only French and now the poor boy has to contend with English-speaking foreigners in his Boston nursery-school class.

Doctoring the Local Dishes

It was to be expected that malnutrition would be a major problem in the depressed areas of underdeveloped countries. Medical-School training, however, had done little to prepare us for nutritional disorders. Even less were we ready to give sound nutritional instruction to our patients on the best methods for converting their diet — kidney beans, white rice and codfish — into a balanced diet.

It soon became evident that the Boston growth charts were almost useless in Castañer. Children of the poorer families were almost invariably "off the page." Many of these children appeared not to grow from the time of weaning at about 1-2 years until school age. At 5 the child was finally able to forage between-meal food and

House call in a coffee plantation



Top: Castaner Valley—"one of the most rugged and picturesque regions of West Central Puerto Rico." Bottom: The Hospital Clinic. Below: The Halls.

more aggressively claim his share at the family table. It was these observations that led us to the opinion that the small stature of rural Puerto Rican adults was due more to 3 or 4 lost years of growth in early childhood than to genetic determination.

The common complex of anorexia, listlessness, persistent diarrhea and continuous simple infections seldom responded to simple vitamins, and antidiarrheals. Six weeks of hospitalization and intensive nutritional therapy were needed before a malnourished child showed noticeable improvement; and relapses were common in the absence of concurrent education of the family in proper nutritional requirements.

During our first year Francoise worked hard to adapt sound nutritional concepts to local foods and eating habits. In our second year we received a trial one-ton shipment of 500 cans of Multiple Purpose Food (MPF) — high-protein soybean powder fortified with vitamins and minerals. We anticipated difficulties in distributing such an alien food additive, especially since the powder tasted like sawdust. With the help of native hospital aides, Francoise transcribed all of the more popular local recipes to paper, quantitated their nutritional value and then conducted a testing program with varying amounts of added MPF to titrate palatability. Finally some 10 local favorites, including such gems as "Barriga de Vieja" (Belly of Old Woman), were put on diet sheets and distributed.

Our publicity program was a success. To our surprise MPF was very well received despite its sawdust taste.

(continued on page 70)



THE PRIMAL VISION OF GOTTFRIED BENN,

ROBERT HAYES, '59

Dr. Hayes is in his first year of medical residency at Boston City Hospital. The publication of a new volume of translations of the work of Gottfried Benn, the poet of modern Germany, was the impetus for this article. Entitled Primal Vision, the book appeared in 1960 under a New Directions imprint.



"Portrait of a German Officer," painted in 1914 by the American Expressionist, Marsden Hartley

M.D.

TRAQUAIR once compared the visual field to "an island of vision surrounded by a sea of blindness." How often is the artist in this position? Certainly, Gottfried Benn was.

When we think of Michelangelo and Goethe, we think of men who carried the weight of an age on their shoulders. But how seldom we are able to say: "This man's work reflects the climate of a nation, of a people, of a culture." Beside a giant like Goethe, Benn appears a minor poet. Yet despite the weaknesses in much of his work, especially his prose, he carries his age on his shoulders. He illuminates the problem of Germany itself, that culture without a center and without depth of artistic productivity since the Nazi suppression in the late thirties.

Where today is the Weimar of the *Bauhaus*? Where the Hesse, the Mann, the Toller and Beckman? Did German literature die with these men? The factories spring into full production! Germany becomes the most powerful military and economic power in Western Europe! Yet German culture seems dead.

The *London Times Literary Supplement* recently devoted an issue to "German Writing Today." One could not help but be struck by the paucity of productivity; the references were to Rilke and to Hölderlin, even to Schiller and Goethe; but where was modern literature?

I shall ever be thankful to Benn. Five years ago, I took a visitor through the Busch-Reisinger Museum. My involuntary reaction was: "Germans

should not be allowed to paint. Their heavy-handed, gross abstractions grate upon the imagination and pain the eye." While studying Benn, I revisited this library of Expressionism, and realized what Braque meant when he said: "Art is made to disturb"; and what Gide meant with: "My role is to disconcert." This splendid array of art, produced by men and women who considered Benn their patriarch, still disturbs and disconcerts, even though Expressionism as a formal movement in art (excluding Abstract Expressionism) is dead.

These paintings are a counterpoint to the most powerful movement in German culture in the first three decades of this century. Expressionism gained its impetus between the downfall of imperial Germany and the rise of Nazism, and the first battles of Expressionism were won on the stage before the armies were defeated in the field. In 1916 and 1917, the first plays of Kaiser and Toller were hailed; and after the War ended, the flood of Expressionism in art, drama, architecture, the novel, and poetry gained momentum, carrying with it the intellectual life of avant-garde Germany. Within a short span of years, however, the floods receded to a trickle, leaving behind such rarities as the contemporary Swiss dramatist, Dürrenmatt.

What has happened in the meantime to Benn's reputation? In Widener Library, there are fifty-seven entries under Gottfried Benn. This is a respectable representation, but strangely enough, only two are in English: the new book entitled *Primal Vision*, and



Georg Ebert

Benn, in 1956

a 1960 doctoral thesis. As a writer, Benn is well known to most Germans, but is almost unknown in the United States.

There are two reasons: one is the lack of translated material; and Benn's poetry is not easily translatable. The other is Benn's flirtation with Nazism during the first months of 1933. The question will always be raised: Why did Benn remain in Germany instead of leaving, as Hesse, Mann and many others did? One should note Benn's reason: he felt that the writer must associate himself with the fate of his nation and immolate himself in the feelings of its people. Ironically enough, the Nazis proclaimed his work decadent within months and banned its publication. Far from achieving self-immolation, Benn became an example of the alienation between the German artist and the State.

Expressionism was renounced by many artists long before it became fashionable. As Alexander Eliot noted, mere self-expression as an ideal often begs the question of what the self is trying to express. But Germany was an omnivorous country during the first three decades of this century, a country of rebellious men, and a country where the artist insisted upon the right to his personal emotional response to his subject. The tools of this artistic revolution were borrowed from many lands, and to name them is to list the century's major intellectual movements; yet the German artist continued to seize and reject according to his own eclectic mode of expression. The result was an almost

KLEINE ASTER (1912)

Ein ersoffener Bierfahrer wurde auf den Tisch gestemmt.
Irgendeiner hatte ihm eine dunkelhellila Aster
zwischen die Zähne geklemmt.
Als ich von der Brust aus
unter der Haut
mit einem langen Messer
Zunge und Gaumen herausschnitt,
muss ich sie angestossen haben, denn sie glitt
in das nebenliegende Gehirn.
Ich packte sie ihm in die Brusthöhle
zwischen die Holzwolke,
als man zunähte.
Trinke dich satt in deiner Vase!
Ruhe sanft,
kleine Aster!

LITTLE ASTER

A drowned truck-driver was propped on the slab.
Someone had stuck a lavender aster
between his teeth.
As I cut out the tongue and the palate,
through the chest,
under the skin,
with a long knife,
I must have touched the flower, for it slid
into the brain lying next.
I packed it into the cavity of the chest
among the excelsior
as it was sewn up.
Drink yourself full in your vase!
Rest softly,
little aster!

(translated by Babette Deutsch)

EPILOG (1949)

Die trunkenen Fluten fallen —
die Stunde des sterbenden Blau
und der erblassten Korallen
um die Insel von Palau.

Die trunkenen Fluten enden
als Fremdes, nicht dein, nicht mein,
sie lassen dir nichts in Händen
als der Bilder schweigendes Sein.

Die Fluten, die Flammen, die Fragen —
und dann auf Asche sehn:
"Leben ist Brückenschlagen
über Ströme, die vergehn."

EPILOGUE

The drunken torrents are falling —
the blueness is dying now
and the corals are pale as the water
round the island of Palau.

The drunken torrents are broken,
grown alien, to you, to me,
our only possession the silence
of a bone washed clean by the sea.

The floods, the flames, the questions —
till the ashes tell you one day:
"Life is the building of bridges
over rivers that seep away."

(translated by Michael Hamburger)

The Poems are taken from Primal Vision

incomprehensible body of work, often confused, nearly always nihilistic, characterized by a morose refusal to believe in anything. The German drama of this period offered no happy endings. From Benn, through Kafka and Brecht, one can trace the unconcern for society and times; the disassociation of things and men: these were metaphysical gropings that could scarcely define their purpose and could not achieve it. Benn proclaimed himself a nihilist but he remained an intellectual, fascinated by the machinations of the mind. As a writer he was a technician who believed that art had no purpose or morality except expression.

It has been said that the ruthlessness of the Expressionists helped to check German elegy, rhetoric and self-pity. Hayden Carruth, for instance, described Benn's use of language as "tough, clipped, witty, fluid, and professional." True, he did also add that Benn's style was "ornate, metaphorical," and "crammed with exotic references." Despite this allusive quality, however, Benn was a poet who realized that literature must be built with nouns and verbs, and that adjectives can be a writer's worst enemy. The stark, descriptive passages of his early poetry underline his knifelike wit and irony. "Kleine Aster" is one of these early works. By the 1940's, his poetry had taken on a more lyric tone, a less severe line, a less brutal meaning: "Ein Wort" and "Epilogue" are two of the great gifts of German poetry.

During Benn's long career he took many medical positions: he describes his medical experiences at length in his essays. He was at one time or another an army physician, a pathologist on shipboard, and a physician in a tuberculosis sanitarium. During World War I he was actually in charge of the prostitutes of Brussels, and he ended his career as a specialist in venereal disease and dermatology in Berlin. During these years he devoted the majority of his time, not to medicine, but to reading and writing. He often said that he had no interest in medicine except for the money and leisure it gave him. Paradoxically, he continued to practice until the age of

68, and at that time wrote:

"Night duty means staying in a poorly heated shack from eight p.m. to seven a.m. — some twelve phone calls a night, no street signs, illegible house numbers — candle in your left, hypodermic needle in your right — here an old man with a heart attack, there an acute alcoholism, a brain tumour *in extremis*, a typhus calling for hospitalization, a woman haemorrhaging — in short — no lyrical idyl. But this is all as it should be, and I would not want to miss it."

Benn's fascination with medicine may well have been the entrance it gave him into life where "no lyrical idyl" existed. In his writing, one finds so little sentimentality that Else Lasker-Schüler was led to say: "Every line a leopard's bite!" As a man he said and believed that, "Grief is something only the fortunate can afford. . . . Only he who sees every hour with the fangs, the talons, the rusty nails it tears our heart with, has absorbed life and stands near it and may live." On looking back upon his earlier political essays he remarked that: "Today I would not write them any more, they are romantic and have an unpleasant ardor. . . ." Hardly romantic, except in their moderate optimism!

Gottfried Benn, like Martin Luther, carried through his life the attitude: "Ich kann nicht anders," thus remaining quite controversial up to his death. Despite his characteristic stubbornness, however, he did retract his earlier opinions concerning the Nazi movement. Nevertheless, the controversy has not ceased and most students of literature are a little annoyed that Benn has not received proper international recognition, since he ranks as the only great lyric German poet since Rainer Maria Rilke. Germany apparently did forgive him, and at the time of his death in 1956, a leading German news magazine said: "German poetry's last internationally presentable figure" is dead. Many expected the Nobel Prize for him and, had he lived, time might have salved petty moralities, as it did for Gide.

Benn fell guilty of over-intellectual-

ization. His prose is so often disjointed and obsessed with expiation of emotion that his intellectualizations are meaningless. In his attempt to achieve the intellectual super-state, continuity becomes distorted, and his ideas do little more than mime a sea of uncorrelated sensory experience. This is the inevitable paradox of those who try to live by the mind alone. Yet his ability to intuit, perceive and communicate poetic image save him from poetic frigidity. Thus is Gottfried Benn, M.D., primarily a poet. He is a poet who believed that "Life is a matter of hours, full ones and empty ones, and that is the whole of psychology," and a poet who came to the conclusion that "After years of struggling for knowledge and ultimate things, I finally had come to realize that there may be no such ultimate things."

As a guide, *Primal Vision* is as important as William L. Shirer's *Rise and Fall of the Third Reich*. Both books give an understanding of the weakness and fanaticism which led to the Second World War. Ideally, the artist should guide the culture, but if the culture be diseased can one blame the artist, especially when the flirtation lasted only a few months out of twelve terrible years?

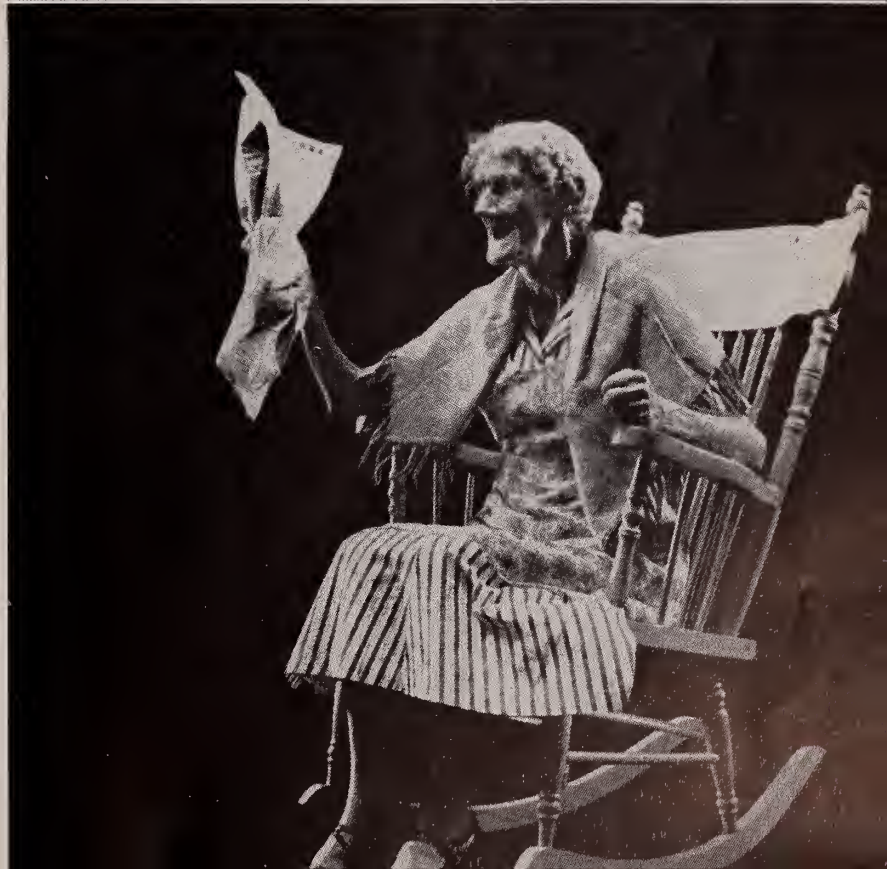
Rather let us judge Gottfried Benn as we should estimate any poet, neglecting that great irrelevancy, his personal life. Benn remains a poet for the man who has known the ecstasy of full hours and the despair of empty hours. For the man who has not sensed his perilous position between the two poles of his existence, all poetry is meaningless, and Benn an especially misguided spirit. All in all, he remains a phoenix arising from contemporary poetry. Out of his immense nihilism, where values collapse and man lies paralyzed and destroyed by both inner conflict and the socio-political condition:

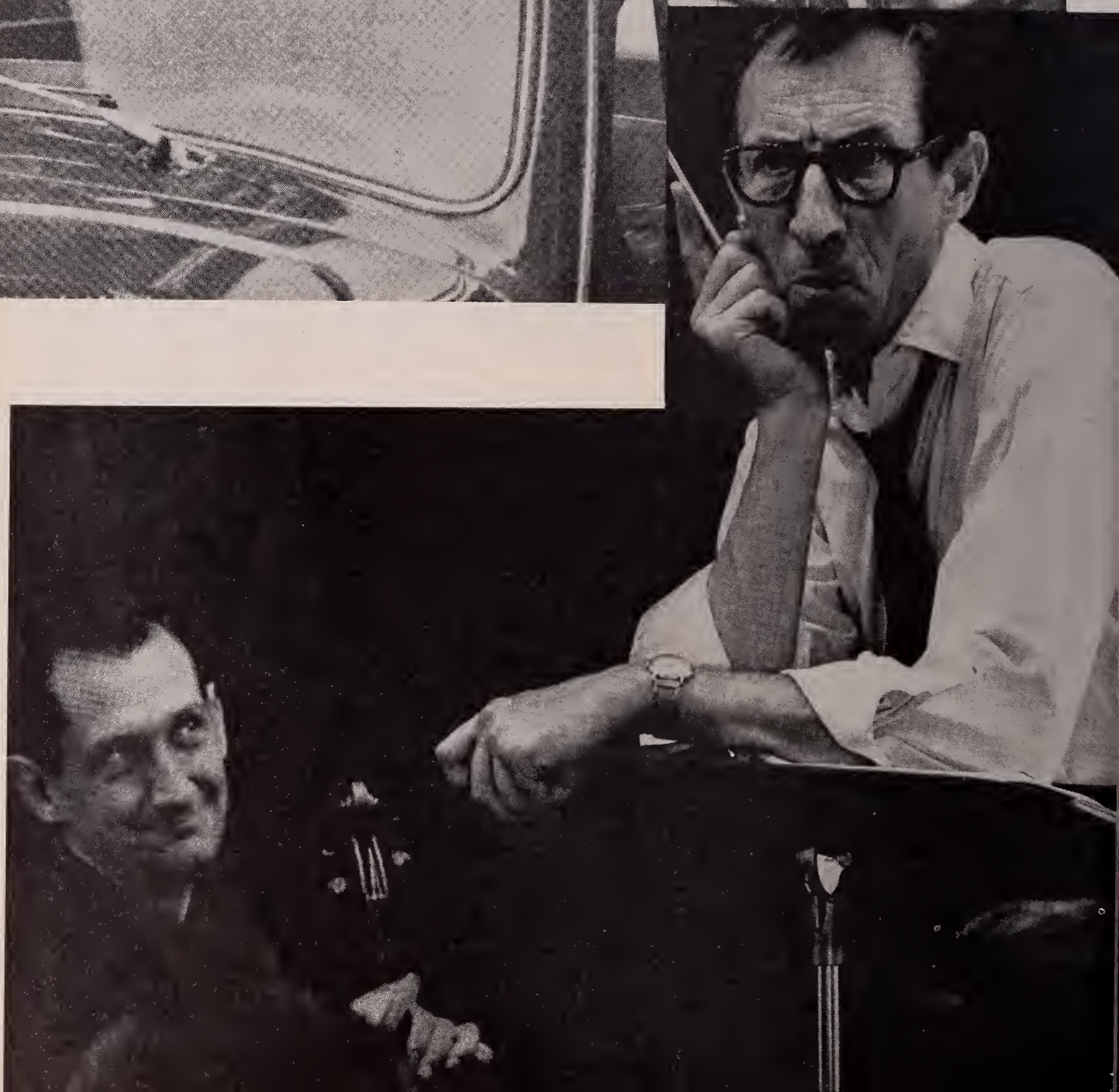
"I have often asked myself, and found no answer,
Where gentleness, and goodness come from,
Even today I don't know, and must go."

♪ ..*Nobody Knows* ♪
the Trouble I've Seen...



These photographs were culled from pharmaceutical ads.







A DESERT SETTING

On the face of it, Zuara would hardly seem to have been the ideal summering quarters for troops resting after three years of steady fighting. Yet here, the Foreign Legion battalions of the First Free French Division were stationed. These battalions, commanded by twenty-one times wounded Colonel Monclar, had fought throughout the Abyssinian campaign until finally at Keren they had accepted the surrender of fifty times their number. The Georgian prince Colonel Amilakvari had later led them to victory in Syria and Lebanon and, on the last day of his life, had stormed with them the strongest German position in southern Tunisia.

Among the Foreign Legion were also the battalions of Marine infantry, led by Brosset, a first-rate athlete who was later to command the Division throughout the murderous Italian campaign and the Riviera landing. Always to be found where the fighting was the thickest, he finally died on the Vosges in 1944 just before Christmas.

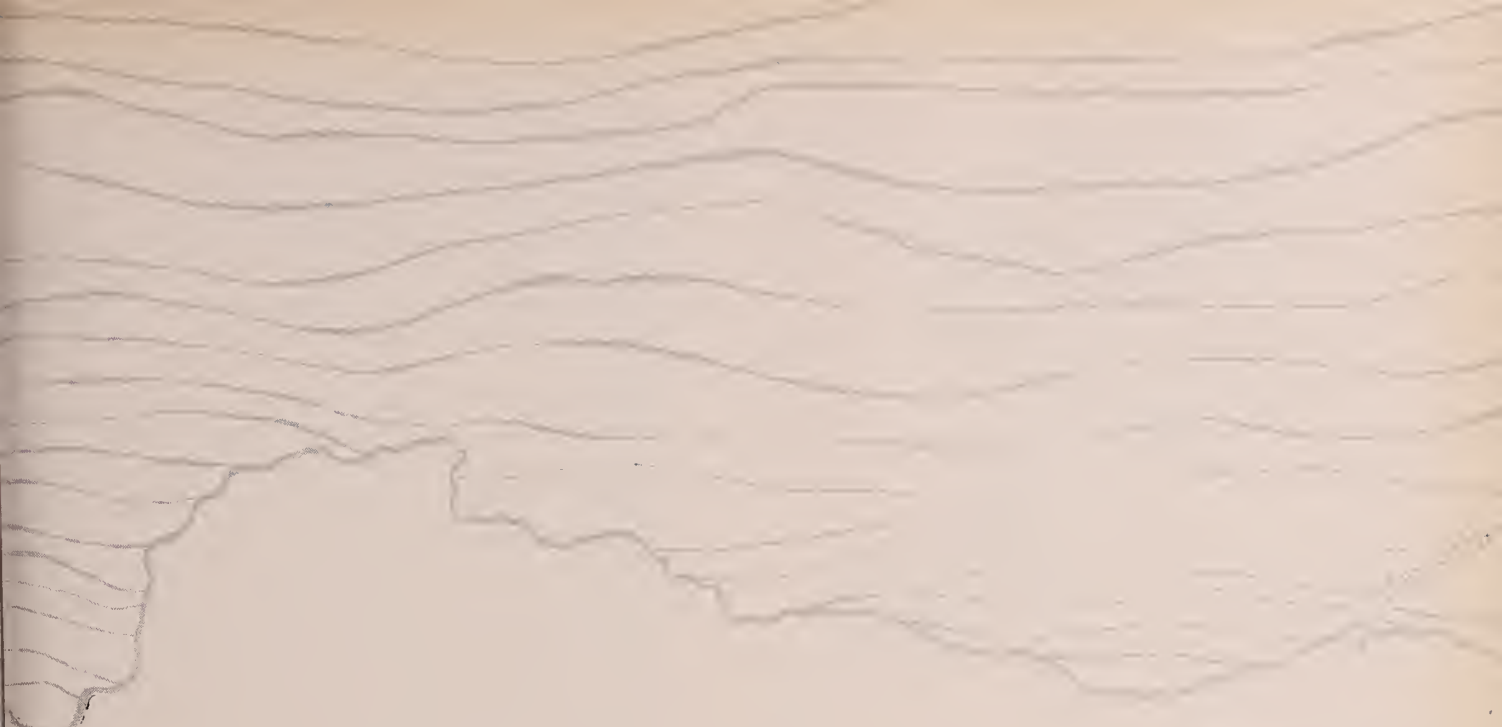
The native *Bataillon d'Infanterie de Marine du Pacifique*, recruited in New Caledonia and Tahiti and imbued with the best Polynesian fighting traditions, furnished Montgomery with bodyguards; this was his way of rewarding "the best Infantry unit in the Eighth Army." These marine battalions plus the "North African Marching Battalions," and the battalions de *l'Armée Coloniale*, both Senegalese and Cameroonians, had carried the brunt of defensive and offensive combat in Libya and Tunisia; they had taken part in Lord Wavell's 1940 advance, the first allied victory of the war; together with an Anzac brigade and a handful of Britons, they had held Tobruk during a long, hard winter siege.

Back and forth they had fought between the famous signposts, Halfaya ("Hell-fire pass"), Mersa Matruh, Sollum, Derna and finally Benghazi, Tripoli, the Mareth Line, El Himeimat and on to final victory on Cape Bon. Their dead rested along thousands of weary miles of desert road, in wadis, on rocky hills, in palm and olive groves.

Zuara also held the encampment of the Reconnaissance Regiment, a troop made up, of all things, of Breton sailors, complete with red pompons on their flat-topped blue and white sailors' hats, and officered by the Pilots of the Suez Canal. The Canal was owned for a large part by French capital. As a result, before World War II, many of the coveted canal pilots jobs had gone to former officers of the French Navy.

The beloved Commandant of these *Marins*, Amyot d'Inville, was a debonaire figure with his blue and gold naval cap askew, his blue neckerchief in his open shirt, his ready smile and his nonchalance in combat. He sailed his armoured cars deep inside the Panzer Divisions of the Afrika Corps, acting and speaking in the manner and vocabulary of a destroyer flotilla commander attacking heavy squadrons. He rests now on top of the high Roman hill where the Tricolor waves over the graves of the French Expeditionary Corps. He lies next to my Colonel, the legendary commander of the First Free French Artillery Regiment, Laurent-Champrosay, an erect soldier with a massive jaw and a piercing look, killed in his early thirties after having saved the Eighth Army and probably the free world. He was the man who held Bir Hakim with his seventy-fives three times as long as he had been asked to do and ten times as long as anybody had thought possible, breaking up the attacks, first of three Italian divisions, and later of two German panzer divisions.

These were the sort of men who were exiled in the Libyan Desert because it was feared that their record and their enthusiasm would antagonize the Vichy Commanders of the North African Army.



Libyan Holiday

Jean Mayer, Ph.D., D.Sc.

ASSOCIATE PROFESSOR OF NUTRITION
HARVARD SCHOOL OF PUBLIC HEALTH

A TRUE STORY OF WORLD WAR II

VICTORY in the liberated French territory of Tunisia brought deliverance from the desert and relative comfort to most of the Eighth Army, but not to its Free French component. For the Supreme Headquarters of the Allied Expeditionary Forces, in their anxiety to avoid offending the Vichy proconsul, Admiral Darlan, (who had actually directed his troops to oppose the Allied landings in Casablanca and Oran) had ordered our division back to the Libyan side of the border. So there in Zuara, the hottest spot on earth, we sat and slowly rotted away from infectious diseases, malnutrition, shortage of water, inactivity at 130° F. and from absence of news — or, for many, from bad news.

The encampment of the First Free French Division, east of what had been the Mareth Line, was a sprawling affair with units dispersed throughout ten square miles of

desert. Only two landmarks broke the deadly monotony of the Tunisian border, the long straight road, which the Eighth Army had followed from Alexandria to Tunis, and the shore, where the flat yellow surface of the sand abruptly gave way to the flat metallic blue of the tideless sea.

In all my months there I never discovered any mosques, houses or other buildings marking Zuara's geographic location. In summer we scorched, and in winter we froze in a particularly piercing kind of cold, especially unpleasant for men suffering from the many forms of dysentery prevalent in the area. Zuara was infested with tiny flies which, besides transmitting a number of debilitating diseases, stung and harassed men and beasts. The resort was also popular with scorpions and with venomous reptilian species.



Once a week everybody stirred for battalion or brigade maneuvers. Twice a week, each company or battery practiced artillery, mortar, machine-gun and rifle shooting. In our spare time, we burrowed deeper under our tents into the firm sand to get some relief from the sun. Ambitious messes tried to organize bridge tournaments or poker games (the latter were repeatedly forbidden by the High Command, righteously preoccupied with our moral welfare).

For a while, I was plagued by queries on the part of brother officers on the mental processes which had led General Eisenhower and his political advisor, Mr. Murphy, to treat us as they had; or why Mr. Cordell Hull referred to one of the most celebrated parts of the Allied Forces as "the so-called Fighting French." (Mr. Roosevelt was generally left out of these discussions, possibly because so much Nazi propaganda was directed against him personally.) Although a Frenchman, I was a former Harvard student and the husband of a Boston girl, and I was not only supposed to be conversant with the mysteries of the U.S. geopolitics, but was held entirely responsible for the policies of Washington and of Allied headquarters and I was driven to the brink of schizophrenia by political discussions of that period.

At least I had something to do. Although one of the youngest officers in the battalion, I had just become a battery commander. I was in charge of an oversized training unit which I was supposed to bring up to combat standards as rapidly as possible. My troops numbered approximately one hundred and forty men: forty white men and a hundred "Senegalese," just arrived from their villages of Equatorial Africa. For armament I had four tired twenty-five pounders, and for transportation, a number of personal and ammunition vehicles, all in various states of decay. My personal car was a heavy armored automobile, with the machine gun turret taken out to facilitate observation. It was propelled by two powerful Rolls Royce engines, one at each end, so that I could instantly reverse direction along the desert road if surrounding uniforms changed all of a sudden from Allied khaki to Afrika Corps green.

PIERRE, my lieutenant, was my best friend in the Army. A sturdy, vivacious man, with a mop of black hair and unquenchable courage and optimism, he had been a worker at one of the Michelin tire-factories until he was called for his military service in the early thirties. The long series of emergencies: the Ruhr, Ethiopia, Albania, Austria, Spain, Munich and finally World War II had each year prevented his release, so that when he was finally demobilized in 1945, he had been a soldier for thirteen years, a record time for a civilian with strong antimilitary reflexes.

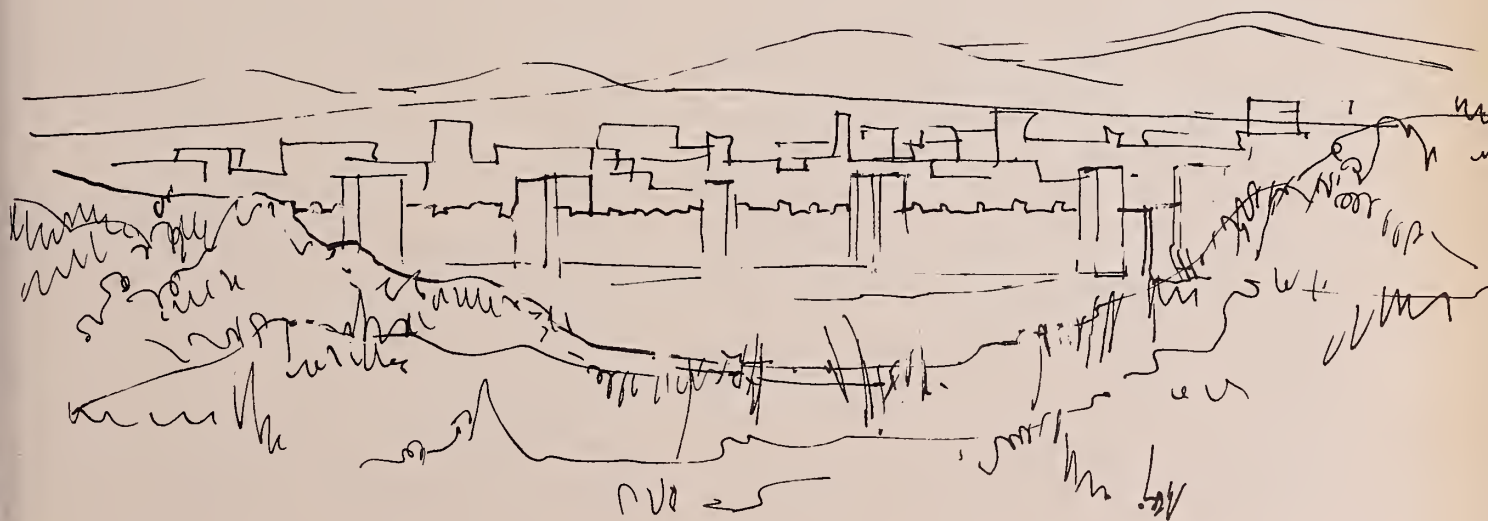
He had also advanced through every intermediary step from the status of a private, second class, to that of a first lieutenant (later Captain) in the Reserve, mastered the use of logarithms, learned to speak English with a Grenadier guard's accent and slang, and grown an impressive black moustache. As a sergeant at Dunkirk, he had exploded a hand grenade in his cannon and driven his tractor into a canal when his unit, which covered the British evacuation, had finally run out of ammunition.

Taken prisoner, he had been marched to a camp in Königsberg, from which he escaped to Russia. Somewhat to his surprise, no sooner had he set foot in the Worker's Paradise than he was arrested and left to languish in a provincial jail, together with other French and British escapees and with local felons, until the prison was evacuated to Moscow in front of the advancing Wehrmacht. One Englishman managed to slip out and tell the British Ambassador in Moscow that hundreds of Frenchmen and Britishers were being held prisoner in the jails of their — by then — Russian Allies. After this "liberation," Pierre returned to England where he was sent to my unit after a short period as a paratrooper. In spite of the difference in ages, we had taken to each other right away.

The "Adjutant," Battery Sergeant Major, normally a grim disciplinarian, became almost cheerful when things were at their worst; when the enemy fire was too accurate, the ammunition, wine and food exhausted, the weather inclement. He was an Alsatian and an old "colonial" who had served in all five continents where France held territories; he had finally come to the Free French Forces from Madagascar. Rumor had it that he had at one time studied for the priesthood. He certainly had an ascetic temperament, a surprising knowledge of Latin and, more immediately useful for a gunner — good elementary command of trigonometry. But his only ambition — and justified pride — was to be the most respected non-commissioned officer in the regiment and he refused the



DRAWINGS BY LEROY VANDAM, M.D.



battleground promotion to first lieutenant for which he was recommended later, when we reached the Rhine.

Almost every other member of the unit — all Fighting French soldiers were volunteers — had as strong a personality. My quartermaster sergeant had been, until he enlisted, chief accountant for an important French firm in Brazil; his assistant, a fifty-year-old, five-foot-tall corporal, who escaped to England from Dunkirk seriously wounded but dragging his machine gun, was the French owner of the most elegant resort hotel in the Chilean Andes. My observation-post corporal had been in the employ of a big armament firm and had spent most of his adult life organizing little conflicts in Central and South America to increase his profits. His views on War had undergone a change tantamount to a religious conversion in the course of the past few months.

My driver was a well-known automobile racer who had crossed the Channel in a canoe and now made the most of each horsepower in the Rolls Royce engines. My batman was the son of a Russian nobleman who had been a colonel in the Russian Imperial Guard. He was assisted in his labors by a gigantic and devoted Senegalese, M'Baoumba, one of the bravest men and most perfect gentlemen I have ever had the good fortune to know. And so many others, Frenchmen, Senegalese, South American volunteers, ex-Spanish loyalists, as gallant a company as was ever assembled, most of them now but names on white crosses, white stars of David, white crescents of the Prophet, white tablets in small groups spread from Egypt to the Rhine.

DAY after day, we drilled the men in gunnery, marching, army discipline, rifle and machine-gun shooting, grenade throwing, bayonet fighting, radio and telephone operation. For the Senegalese we had reading classes, and we taught them to use spoons and to fold their blankets and grease their shoes. For some of the brighter young French boys, recently arrived to join us, we held trigonometry, ballistics and topography classes. These boys had usually crossed the Pyrénées and languished for months in Spanish jails and concentration camps — at Miranda, most frequently — until they were redeemed by Allied authorities at the rate of one barrel of oil per man. As soon as they arrived in North Africa, they had realized that the white Algerian *colons*, with their violent dislike of the British, their yearning for a “strong” government and their devotion to the Vichy regime were as different from themselves as were the Arabs. After a few days in Algiers they usually slipped out, went on to Tunisia, crossed the southern border on foot, as they had the Pyrénées, and arrived exhausted, famished, tormented with thirst but satisfied that they had at last found the *Résistance de l'extérieur*. As soon as they were fit again, they were sent to a training unit, like my battery.

Day after day, we labored under the leaden sun in a deadly race toward preparedness: the recruits, both white

and black, looked and acted more and more like the old soldiers who instructed them; but every day a greater proportion of the unit yielded to dysentery, dengue, scurvy, and even madness. One day at high noon, a white driver aimed his Dodge pick-up straight at the only rock jutting out of the sand and wrecked his vehicle, badly injuring himself in the process. Another one got up in the middle of the night and drove over the tents and the bodies of several men before he was stopped.

On a Sunday morning one Senegalese walked into the battalion office tent where the battalion commander was in conference with his battery commanders. In each hand, he held a pineapple grenade with the pin pulled out; he only had to release his grip on one side to send us all — and himself — *ad patres*. His eyes were rolling in the most bizarre fashion and he was addressing us in the language of his Cameroonian tribe. The battalion command was saved only by the impassivity of the officers and by the tact and experience of the commandant who talked the man first into a walk, then into throwing away the grenades.

OF course, there could be no furlough: French North Africa was out of bounds and there was no gasoline or vehicle for a frivolous trip to Tripoli. No furlough, that is, until one Saturday at the end of a particularly mournful week when the battalion commander came down to my battery and said, “How would you like to go and spend Sunday in Tripoli?” And before I could answer, he added briskly: “Your Adjutant can carry on here. You will take your lieutenant with you. Take a pickup and three trucks, and one platoon with its sergeants. The men with rifles, bayonets and red belts. Officers and non-coms will carry pistols and wear decorations: not the ribbons, the full medals.” The last feature was astounding. Nobody wore ribbons in the desert, let alone the tin things. I asked the reason for the parade; was “the” General (de Gaulle) coming to inspect us? “Oh no,” answered the Major, “not at all. You are going to render honors while a man gets shot at K. . . . A sergeant of the Algerian battalion. He killed a corporal. Be there at seven A.M.” And he added, “It will instill discipline into these recruits of yours. When the thing ends, send the platoon back to camp with a non-com; be back at midnight.” And he was off.

Long before dawn the next morning, the camp was wide awake; black boots were being polished, whiting was being applied to gaiters. The Senegalese were putting on their long red flannel belts in teams of two. One man held one end and the other literally rolled himself into the wide scarlet band, irresistibly drawn toward his helpmate in the process. Pierre and I felt somewhat ridiculous putting on our shirts with our medals. As Pierre remarked in English in his best Guard's accent, we looked like ruddy doormen, what? (An allusion to the dignified veterans of Flanders and Gallipoli who preside



over the entrance doors of London night clubs.) Pierre was all the more self-conscious when at the last minute he had to send to the next battalion for a *Croix de Guerre*. He had suddenly remembered that a month previously he had traded his own for a Military Cross at the conclusion of a particularly successful party (corned beef, tea and two months of our hoarded whisky rations) given for some Black Watch friends on their way to Tunis from Alexandria and Jerusalem hospitals.

We felt cold as the convoy started, in spite of the boiling *café au lait* served in a metal cup which burned our lips. The men sat unmoving in the trucks and held their rifles between their legs. Some of them chewed on a slab of bread. I had been reluctant to brief them myself on the nature of their errand, but my Adjutant, the old "colonial," seemed to share the battalion commander's opinion: it was going to be good for the recruits to see this, he said; and as long as he felt that way, I considered myself justified in telling him to inform the men.

The little convoy rumbled on. When we arrived, the sun was just rising. At K. . . , troops were already placed along three sides of a square. There were representative detachments from every unit in the Division, Senegalese, Legionnaires, Tahitians, North Africans, men from Martinique and from Madagascar, from Indochina and from the Congo. A short, choleric-looking major of the Foreign Legion, wearing a Norwegian decoration — a survivor of the ill-fated 1940 Norwegian *Narvik* landing and evacuation — was in actual charge, with a lieutenant-colonel of the Colonial troops looking on with a detached and bored expression.

The legionnaire issued curt commands and we all fell into place, Pierre and I in front of our men, the non-coms flanking them; on our left was a company of Senegalese, commanded by a young Saint-Cyr graduate with whom I had shared a hut when both of us were Commandos in Scotland. We hardly had a chance for a glance of mutual recognition when orders had again to be heeded and barked on, bayonets affixed on rifles and arms presented. Four North African sergeants escorted the prisoner to the corner of the stage. The star performer, like ourselves, was all dressed up for the occasion: he wore a well pressed bush shirt, long trousers, and a light khaki turban adorned with a silver crescent and the numerals of his battalion.

Brief, explosive orders erupted from the direction of the major, and a Battery Sergeant Major materialized in front of the prisoner, tore off his sergeant's stripes, seized his *Medaille Militaire* — the most coveted decoration for non-commissioned ranks — and tore it off his jacket. I could hear the sudden intake of breath of the men behind me. At this point, the condemned man started a farewell address. He spoke in a loud and clear voice. "Look at this," he said. "This is the way France regards one of her best soldiers. This degradation after ten years in the infantry. And why, you ask. Because when I

came back from convalescing from my three wounds, I found that the corporal, my assistant squad leader, had betrayed me, had stolen *mon ami*. What would any man have done but what I did? Shoot the dog!"

The master of ceremonies, our Legion Major, was getting redder by the second. Things were not going according to the proper etiquette. The prisoner contemptuously rejected the customary glass of rum — this offering was obviously a mistake; the man about to die was a Moslem and while he may have been guilty of various transgressions in the past, he was not at this point in a position to disregard categoric Koranic imperatives. He also waved away the ritual last cigarette and declined to have his eyes bandaged, all the while continuing to justify his *crime passionnel* to the assembled troops, still presenting arms.

I felt that this had been going on for hours. The sun was suddenly broiling. It was becoming less and less obvious why the high command — and my major and my adjutant — had thought that this spectacle would prove edifying to the troops; and in particular to my poor Senegalese, whose French was not up to the protagonist's eloquence and for whom the whole thing must be utterly incomprehensible. I wondered what exactly my adjutant had told the Senegalese; or for that matter what he had said to the new recruits from France.

Meanwhile our major, practically apoplectic by then, was trying to accelerate things. His orders, sharply interrupting a disquisition on sexual honor among men of the same unit, brought twelve North African infantrymen in front of the prisoner, with rifles pointing toward his chest, and a sergeant holding a big Smith and Wesson revolver to his side. The condemned man bared his chest and beat on his heart with his fist, then started singing a melancholy and dissonant Arab song, probably a hymn. The executioners must have become badly rattled for when the volley came, their victim only sank to his knees for a brief moment, then got up again and attempted to continue his singing. But the sergeant on his side stepped up, raised his pistol to the Algerian's left temple and gave him the *coup de grâce*. A few minutes later we were back to the cars. Pierre and I stuffed our medals in our pockets, gave our gun belts to the sergeant who was escorting the men back to the camp and climbed into the front of the pickup while half a dozen non-coms and the man in charge of the vehicle, an old and graying chocolate-colored soldier from Madagascar, sat on camouflage nets in the back. Pierre drove; he had to go slowly: the sun was in his eyes. Nobody said anything.

IN Tripoli, the heat was even more oppressive than in our desert camp. Nobody and nothing seemed to move. I told the sergeants to be back at nine, and then Pierre and I were off ourselves, walking slowly and silently in the hot, deserted streets.

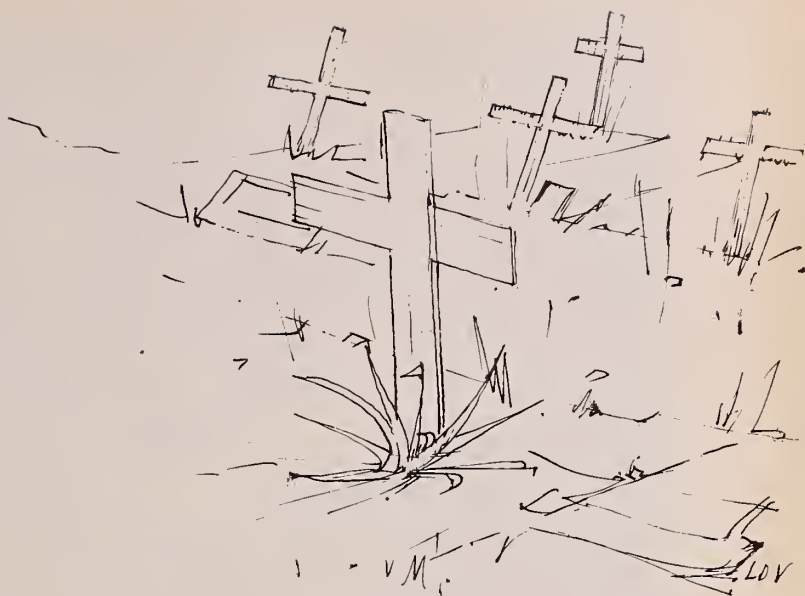
As we neared the center of town, sudden explosions ripped the noon silence. A belt of unexploded machine gun bullets, then tiles and various unidentified flying fragments hit the pavement all around us. We could hear or see no plane, but ammunition dumps were going up in the harbor area, and we had heard of recent Italian raids on the Libyan coast. We were unarmed, and both felt quite naked. A second later, a badly frightened Italian civilian darted out of one of the alleys holding a crying baby, hung it around Pierre's neck, and disappeared into a side street.

Things were falling all around us. We ducked into a store and found there two English nurses from the Spears Ambulance (our divisional medical unit). We hardly knew the girls but with great aplomb, Pierre handed the baby to one of them, who remained speechless with surprise. Turning to me he said: "Mon Lieutenant, I think I had better make sure that our driver is all right," whereupon he disappeared with alacrity. I told the nurses where the baby came from and we decided that they would take it to the Red Cross authorities. While we talked, things by the harbor quieted down and presently we were able to venture forth again. I went back to the car park, recovered Pierre and together we went to a little trattoria and ate what seemed to us to be (and may well have been) an excellent meal, accompanied by an adequate amount of thick dark red wine. After lunch Pierre went off to try and locate an E.N.S.A. girl who had travelled on our boat from Liverpool to Capetown and Suez. I went to the N.A.A.F.I. (I have forgotten what all the initials stand for; the thing is the British equivalent of U.S.O.). There I saw one of the more extravagant Hollywood war pictures, in which a lone American soldier who had boarded by mistake a commando landing craft bound for the French coast, polished off the Wehrmacht in a couple of hours and rescued the beautiful Resistance girl as a final touch.

After this encouraging interlude, I drifted to the local officers' club for a cup of black Ceylon tea. While drinking, I saw an announcement of a chamber music concert in a nearby palm garden. I don't remember what they played but it was the best concert I am ever likely to hear. Evening was falling and an enormous moon appeared between the trees. The violins and the cello became more and more poignant. The music rose in the dusk, above the stones of the crumbling moss-covered wall, above the ferns and the palms, into the darkening sky. There was more than a touch of despair about it all, but it was orderly, peaceful despair.

Everyone was present when I returned to the pickup. Pierre had found his girl and looked thoughtful. The sergeants had had several meals and looked sleepy. I did the driving back to the camp, on the long straight road, which looked silvery under the moon, now high in the sky.

When we got back, the Corporal of the Guard called his men, who presented arms. We inspected them, went



into the tent, listened to the duty sergeant report that all had been quiet during our absence. He saluted, lifted the flap of the tent and was swallowed by the night. Pierre walked to the opening, turned back and said in a defiant voice very much unlike his normal tone: "That Algerian never understood why he was being shot. What kind of justice is that?" This question must have been in the mind of every witness to the morning scene. I could still see the outraged expression of the condemned man's face, could still see his indignant eyes, hear his bitter monologue. But then he shrugged, and with a voice back to its casual tone answered his own question in the only way it could be answered: "I suppose we can't operate an army if we let sergeants shoot their corporals." He added a few vigorous and profane comments on Algerians in general, both Arabs and colons. Then he, too, saluted and was gone. I sat for a while at the table, then lit the flashlight, blew out the lamp, walked to the cot and started the nightly check for scorpions under the blankets.

POSTSCRIPT:

A few months ago, I learned to my great sorrow that my friend Pierre Omerin had been assassinated in Algiers. After thirteen years he had at last returned to civilian life and to the Michelin tire company and had become a successful salesman. He had gone to Algiers for one day, for the first time since 1944, to see a customer and was walking back to the airlines ticket office, when an Arab fired an automatic pistol into the European crowd, hitting him fatally in the back.



Pathology

The Fourth in
a Series of Articles
on the Preclinical

PATHOLOGY, 1823

(From the *Encyclopædia Londinensis*)

HARVARD Medical School acquired a Department of Pathology in the year 1847. It was shortly thereafter, and during the tenure of Dr. J. B. S. Jackson — first Shattuck Professor of Morbid Anatomy — that Herr Geheimrath Rudolf Carl Virchow delivered his memorable series of lectures on Cellular Pathology at the Charité in Berlin. This was, in essence, the new Constitution; and it is a fair assumption that Dr. Jackson had to revise his own lecture notes radically at that time. Hence it may be said that Harvard, with characteristic foresight, established its Department of Pathology (the first in the country, by

the way) just a decade or so ahead of the birth of Pathology as a science.

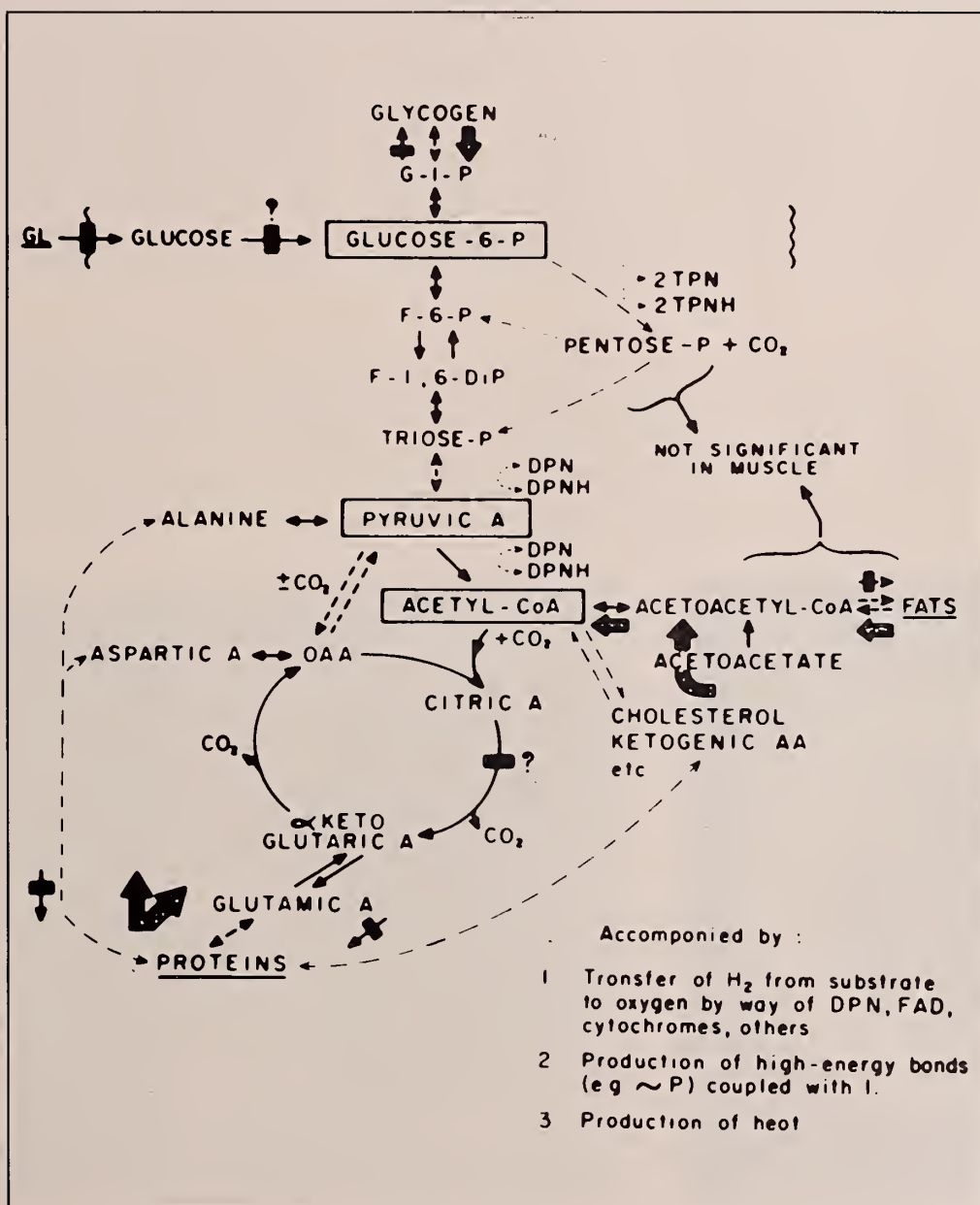
Dr. Jackson was succeeded by Dr. Reginald H. Fitz (1879-1892), Dr. W. T. Councilman (1892-1923), and Dr. S. Burt Wolbach (1923-1947). In the year 1891, Bacteriology, until then an adjunct to the Pathology course, became the responsibility of a separate Department. After the tenure of Dr. Wolbach, there was an interim of three years, during which the Department was run by a committee headed by the late Tracy B. Mallory. When Arthur T. Hertig was appointed Chairman *pro tem*-

Guido Majno, M.D., and Arthur T. Hertig, '30

Departments

PATHOLOGY,
1961

(diabetes;
a partial view)



pore in 1950 and Shattuck Professor in 1952, the organization of the Department was radically changed.

A Department Without Clinical Duties

It was the decision of the *ad hoc* committee appointing Hertig that the Department would no longer have any clinical responsibilities on its premises at 25 Shattuck Street, that is, autopsy or biopsy services. Its two main functions are therefore (a) to organize the Pathology course for the medical students, and (b) to provide a harbor for researchers who wish to study disease at the level of the "basic sciences."

In order to teach the Pathology course, the "central" Department draws upon the manpower of what we may call the "Department *sensu lato*," spread over seven affiliated teaching hospitals, several nonaffiliated hospitals in the metropolitan area and the School of Public Health in relation to Parasitology. Administratively, this is a very complex arrangement, but it has a built-in guarantee, for the spread of competence among 10 professors and their 60 or 70 assistants makes it practically impossible to teach a dull course. At present about $\frac{1}{4}$ of the total time is devoted to General Pathology; the remainder — which used to be referred to as Special Pathology — is taught jointly with representatives of some 12 other departments (both clinical and pre-clinical) under the name of Pathologic Physiology. This is the major novelty in the second-

year curriculum, which is now in the fourth year of its evolution. Its impact on the students — successful, as far as we can judge — may be difficult to evaluate, but the faculty, and particularly the younger faculty, has learned a lot from the new way of teaching.

As a research institution, the central Department (we would drop this rather presumptuous epithet if we knew a better one) has made a bold start in the direction of ultrastructure. Two electron microscopes, a tissue-culture laboratory, and facilities for biochemical and histochemical research are merely the nucleus of the research center which we hope to occupy a few years hence in a new adjoining building. Facilities will be available for research by all members of the Department, whether primarily affiliated with the central Department or its hospitals.

The Case for Academic Pathology

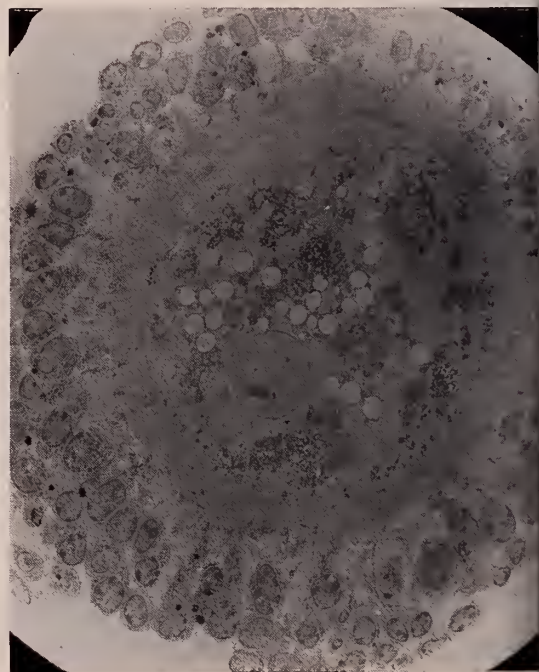
"Academic pathology" seems to be the accepted term for Pathology divorced of clinical duties. There are probably no more than three "academic" (or divorced) departments among the country's 86 medical schools; hence it might be useful to summarize very briefly the significance of such institutions, as we see it.

In the first place, what we have come to call "academic" departments have a century-old precedent in

(Left to right) 1. A normal human embryo of about 9 weeks (menstrual age) within its membranes. Aside from the beauty of form, this picture is a reminder of the broad overlap of anatomy and pathology. 2. A normal two-cell human ovum about 36 hours developmental age. Found by Hertig and Rock ten years ago in a normal tube removed along with an abnormal uterus: an illustration of the pathologist's use of clinical material to contribute to the basic disciplines. (Approx. 500x) 3. Ten years later, the crowning of an ovum and of infinite patience: a guinea-pig ovum, as seen by the electron microscope at about 1000x. The modern approach illustrates the relationship of form and function; the corona radiata cells, or "nurse cells," are well named, for they are connected to the ovum by minute tubules.

Carnegie #8537A: C. Reather

Eleanor G. Adams



Europe, where many medical schools have two departments of Pathology. One of these has no clinical duties, and goes under the name of "Department of General Pathology"; it is a research (and teaching) institution, solely concerned with the fundamental problems of disease. Hence there is nothing very strange about our "academic" department, despite the rather widespread opinion that there can be no such thing as a pathologist outside a hospital. While it is true that research on "basic principles" is also performed in the hospitals, this research is, generally speaking, too dispersed to allow a systematic approach without the support of institutions solely or mainly interested in the over-all framework of pathology. The entire field has long been neglected on this side of the ocean. Suffice it to mention that during the past 30 years this country has not produced a single treatise of general pathology to match the many European ones — particularly the two British classics by Wright and Florey.

The separation of academic pathology from the clinical world (geographically at least) has no obvious advantage. On the other hand, the proximity to the other basic science departments allows an interchange which has been most fruitful in several ways. If "Pathology" means the study of disease, then a very large portion of Pathology is now being done by nonpathologists — in fact, by non-M.D.'s; any issue of a current journal of Biochemistry or Physiology will prove the point. In many

of these contributions, which are based essentially on measurements, the correlation between structure and function is not adequately explored; this is where the pathologist's contribution is most valuable. Though he has no specific weapon of his own to use against disease, he is specifically trained to understand the "spatial" problems of sick tissues — the troubles in their architecture, plumbing, and interrelations. It should be our function to catalyze this understanding, and the correlation of structure and function (on an interdepartmental basis) is one of the leading themes in our publications. More specifically, we are taking two steps in this catalytic process: 1) Breaking a long tradition, we have started to train Ph.D.'s in Experimental Pathology, who will combine, we hope, the cult of measurement with the love and understanding of form. 2) We are planning to offer this summer a brief course in fundamentals of General Pathology, open to graduate students or Ph.D.'s who work in allied fields, and who otherwise have no access to the basic science of pathology except through textbooks. Both these projects are supported by a U.S.P.H.S. Pathology Training Grant.

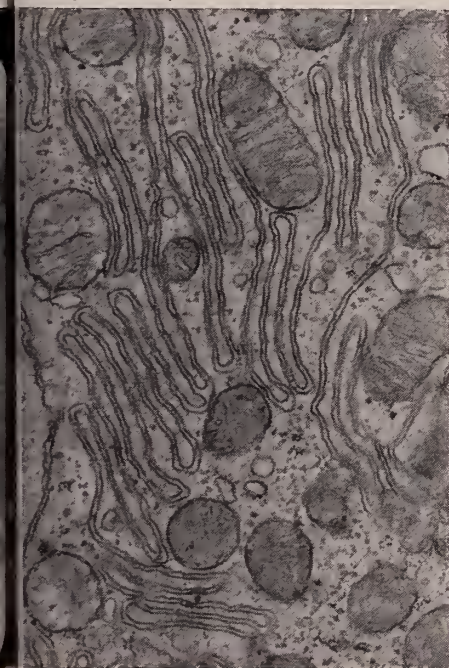
Our guiding principles can be derived, to a large extent, from what we have just said. They may vary among our departmental members; but probably everybody would subscribe to the following — to combine the truth of figures with the beauty of form; quantity with quality or, if you wish, art with science.

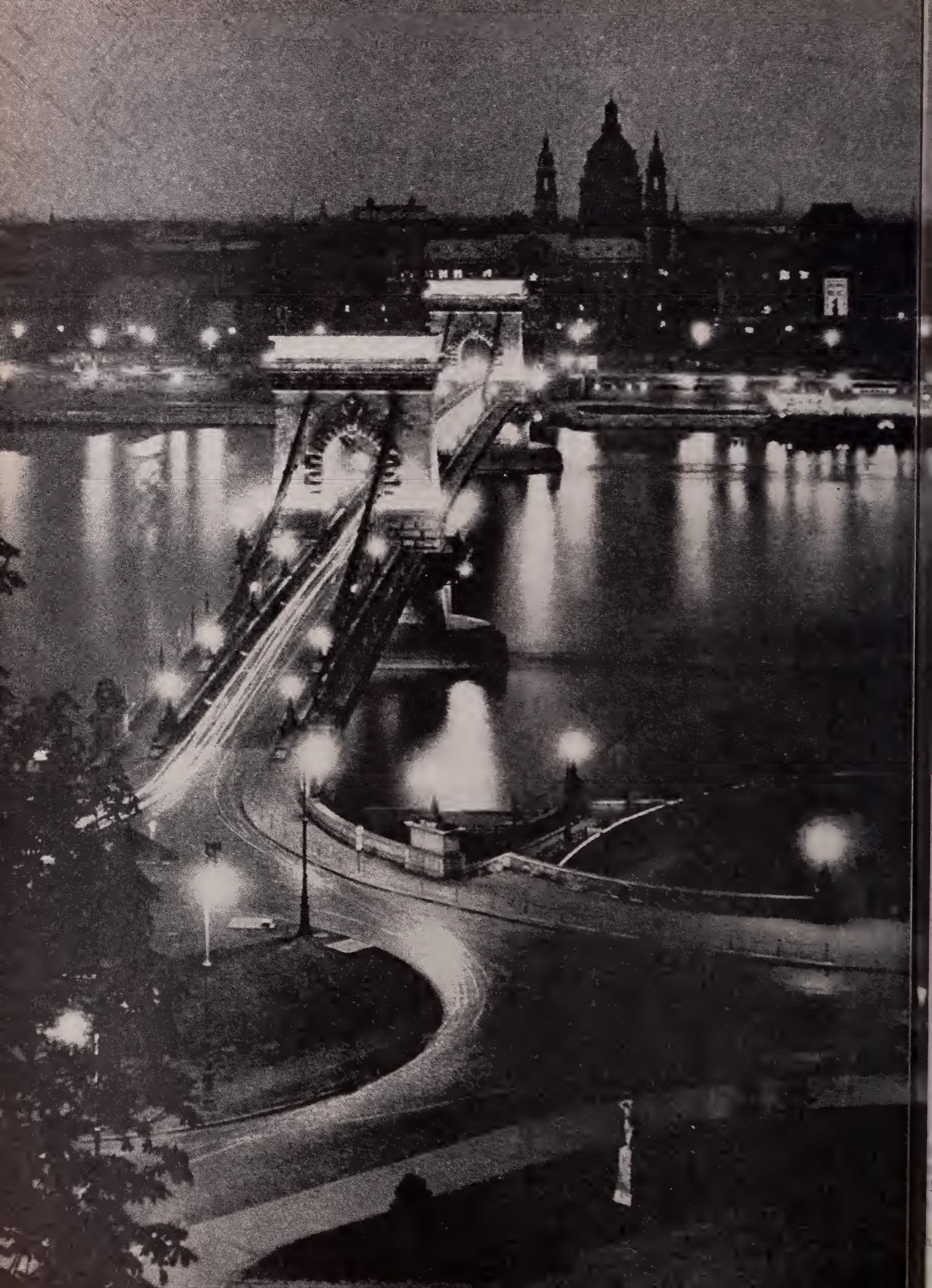
(Left to right) 4. Beauty from the bottom of a pond: An electron micrograph of a portion of one of the distal tubular cells of the frog kidney, showing a complex infolding of membranes; approximately 23,000x. 5. Section from an 8-week human fetal kidney, examined by ultraviolet light, and demonstrating the distribution of blood-group substance by Coons' immuno-fluorescent technique; approx. 200x. 6. Aesthetics, even in a rat's scrotum: Subcutaneous vascular network from a site of histamine injury, seen under dissecting microscope (15x). The venules are "labeled" with carbon black showing that they, and not the capillaries, have become abnormally permeable.

Morris J. Karnovsky

Aaron E. Szulman

Gutta I. Schoeff





MEDICINE IN HUNGARY TODAY

THE old and the new are seen together in the Hungarian medicine of today. To obtain a realistic picture about the present, the past should be briefly considered as well. There is quite a difference in the cultural and economic levels of the various Eastern European countries. Hungary has been traditionally oriented toward the West. At its foundation in 901, St. Stephen accepted Roman over Byzantine Christianity and the political and religious affiliation with the West has continued to the present. It was in 1769 that the first medical school was established at the already existing university, called today the University of Budapest. Modern medicine has been modeled on the famous Viennese school, where many teachers and students were Hungarian. The names of Semmelweis, Kaposi and Pandy mark the achievements of Hungarian medicine in the 19th century.

Later, in addition to the strong German influence, French and English medicine also made an imprint. Until the Second World War many American physicians came to Hungary to attend postgraduate courses. After the War American progress in medicine had a strong impact and is accepted today (even if not admitted officially) as the standard.

MEDICAL EDUCATION

Present-day medical education follows the traditional system of Continental Europe, but involves certain Soviet modifications which themselves change with the political atmosphere. Despite the lowered socioeconomic status of the physician, medicine still has its appeal for young people. Every year large crowds of applicants (60-70%) are turned down. In addition to a Gymnasium degree, the students must pass an admission examination where questions range from Lenin's farm policy to circulation in amphibia. Nevertheless, the decisive factor in the selection of students is social origin and active political work. In keeping with the (Communist) Party's orders, approximately 70% of the students must be children of factory workers or poor peasants. To fulfill this quota, poorly qualified applicants are sometimes given priority over excellent students.

There were before the War and are now in Hungary four state universities, those in Budapest, Debrecen, Pécs, and Szeged, all of which have a School of Medicine, School of Dental Medicine, and a School of Pharmacy. The largest medical school is in Budapest, with classes of about 250, while the other universities have classes of 50-100. Approximately 30% of all students are women. Foreign students (from other satellite countries) comprise 5-10%; the majority, however, is from North Korea.

In addition, a complete class was transferred from East Germany in 1959, to keep the German students from defecting to West Germany. This class is an additional burden on the University of Budapest, because all courses have to be repeated in German.

In order to facilitate teaching, in Budapest many sub-

The beauty of Hungary: A sharp contrast to the drabness of Communist rule. The illuminated chain bridge is a landmark of Budapest. Built in 1848 it was blown up by the Germans in 1945 but rebuilt later in exact replica.

The Danube narrows at Budapest, and steep quays have been built to prevent flooding. Every Budapest school-boy has memorized the famous year, 1835, when the Danube overflowed into the city.

jects are taught concurrently by two or even three separate departments, all with their own staff, laboratories, and/or hospital. Every specialty has its own University Hospital, the director of which is also head of the department. There are also a number of affiliated Teaching Hospitals.

For laboratory exercises and clinical teaching, classes are divided into groups of 20. Small groups are not only better for teaching purposes, but may be planted more easily with Party members and informers; it is their duty to "educate politically" and make confidential reports on their fellow students. These reports are filed in the Personnel Office, whose head is a secret police officer. Medical schools have a compulsory 6-year curriculum. The first two and half years are devoted to basic sciences, and the other two and half years to clinical subjects. Extensive courses in Public Health and Forensic Medicine are traditional. In the sixth year students are assigned to approved teaching hospitals all over the country, where their duty corresponds to a rotating internship. Final examinations in each clinical subject follow completion of service in various wards. Finally, they have to take the State Examination, which corresponds to the American National Board Examination Part III. A medical diploma is then issued, which also serves as a license to practice medicine.

Increasing emphasis is being placed on laboratory and bedside work; the ratio of these to classroom lectures is 2:1. About 35 hours are spent weekly on medical subjects and an additional 7 hours weekly on Marxism-Leninism, on Military instruction and on the Russian language. All these subjects are compulsory for every man and woman during medical school. The first and only opportunity to express the feelings about these lectures arose during the 1956 revolt, when these subjects were swept off the curriculum, due to the students' demands. Together with the Russian tanks these hated lectures appeared again on the schedule, after the revolt was suppressed.

At term, oral and practical examination are held for each course, including Marxism-Leninism, Russian, and Military instruction. Few students are denied further study because of poor performance. During the summer, students of both sexes are trained in military camps, or "voluntarily build socialism" with hard manual labor. After the 4th year, they are assigned to hospital work for 2 months, instead.

Tuition fees are progressive, most students pay only nominal fees, if any. Many stipends are given according to social status and some according to performance, but





in either case, more than average political activity is expected in return. Stipends contribute to a modest living in dormitories. Up-to-date textbooks, written by outstanding Hungarian specialists, are available at a 50% discount for medical students. A noteworthy exception is psychiatry, where only mimeographed notes are permitted because of the constantly changing Soviet ideology. Teaching (and practicing) Freudian psychiatry is strictly forbidden. Modern genetics is also taboo. Rudolf Virchow was also declared reactionary. In order to get around Communist decrees students are "made aware" of these dangerous evils, and then under the pretext of warning, given at least some information about them.

Before graduation the Ministry of Health and the Party evaluate the secret files of the future physician, and every member of his family, then decide whether general practice, research, an administrative job, or some specialty should be assigned him. Little consideration is given to aptitude or to personal wishes. Everybody has to accept the job offered by the state; otherwise, the medical diploma is withdrawn. The majority are sent to general practice with the Socialized Medical Service. About 30% are channeled into a specialty chosen for them, and around 5% are granted the privilege to do basic research.

Only a tenacious minority succeed in getting into the field of their choice, sometimes after years of struggle. Specialty training takes 3-5 years, varying with the specialty. Specialty board examinations are difficult. To be a specialist means prestige; only they are eligible for hospital staff appointments.

There are no chiropractors, osteopaths, or homeopaths. Every physician is paid by the state on a regular monthly pay basis, and can retire at the age of 70, or if necessary, earlier. The monthly pay of an average doctor is 1800 forints, about equal to that of a trained industrial worker. This amount is just enough to cover the strictly basic needs. A pair of man's shoes costs 500 frts.; a pound of pork chops, if available, can be purchased once a week after 3-4 hours waiting in line, for 15 frts. A TV set costs 6000 frts., more than 3 months' pay. Rent is relatively inexpensive, but since the war there is a severe shortage of apartments. Many doctors have to live in one room together with their entire family, sharing the kitchen and bathroom with other families.

Submitted anonymously, this is the fourth in a series of articles covering the East European Medical Scene.

SOCIALIZED MEDICINE

(At right) The wintry Danube mirrors Parliament Building and the skyline of Budapest; (Below) An old street on Castle Hill.



Free medical care for industrial workers has existed since 1907. But today, because the great majority of the population are state employees, they and their nearest relatives are covered also. Private practice is practically nonexistent; it is permitted part-time only to some outstanding older specialists. To prevent abuse of free medical care, 15% of the drugs' price has to be paid by the patients. District physicians also have a rather tightly set quota for drug prescription. Between office hours the doctor makes house calls for the bedridden patients of his district. Only the district physician's written statement justifies absence from work, school etc. In case of medically justified inability to work the patient gets 70% of his regular pay for 2 years. Should he be admitted to a hospital, he still would get 35% of the pay.

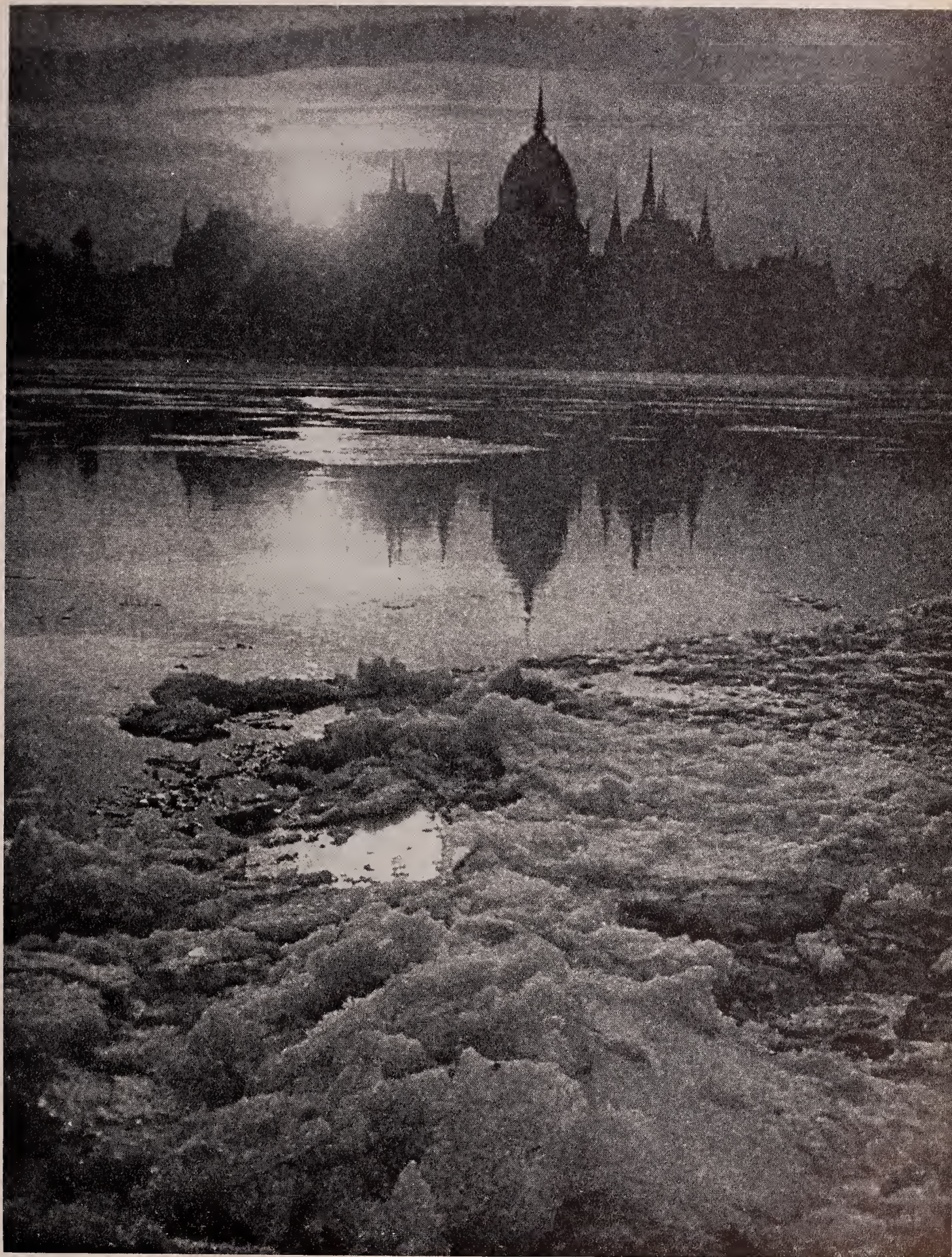
Patients, of course, do not have a free choice of doctors, but there is little complaint about this. Most district physicians, despite their heavy load of work, read Hungarian medical books and journals regularly, and many of them keep up with the Western medical literature. Special postgraduate courses are held for district physicians in the Postgraduate School Hospital in Budapest. During these courses the doctors are on paid leave, and have free room and board at the university hospitals.

There is a considerable shortage of hospital beds despite a dense network of hospitals and sanatoria, at least for the average citizen. The Party has its own, most luxuriously equipped hospital, which is open only for higher ranks of the Party and Secret Police. Frequently, higher party officials or members of their families are flown there from the Balkans for medical treatment. Some of the more expensive drugs, which have to be imported from the officially despised West, are readily available at the Party hospital, while the population gets them only by special permission from the Ministry of Health, where they are kept in vaults. On the other hand, transfusions are free and obtained through the hospital blood banks or through several blood bank centers.

PUBLIC HEALTH

A totalitarian government is in an advantageous position in enforcing certain public health regulations. For instance, screening for early or undetected cancer in women is organized through the Central Offices. Every woman above 35 years of age is called in at two-year periods to be examined by a gynecologist. Checkups and other screening examinations, e.g., the semiannual bacteriological tests for food industry workers are also done via the Central Offices.

The law makes treatment of venereal diseases free and compulsory. If a patient does not keep an appointment, a letter is sent to remind him of a "non-specific" checkup. If this should prove ineffective, he or she will be arrested and treated in a closed ward. Although prostitution is



punished by "educational work" in labor camps, secret prostitution on a small scale exists. There were a large number of V. D. cases after the War, but today, they are on a steady decline. New cases of syphilis are extremely rare. A likely factor in this fortunate situation is the excellent detective work done by special social workers, who trace every new infection to its source, and locate other possible contacts.

Today, artificial interruption of pregnancy is permitted. A few years ago this meant 8 years' imprisonment for a doctor.

Expectant mothers are encouraged to see their doctors regularly. At the time of the first visit, serology is done, in addition to the other usual routine office and laboratory procedures. The results of these are recorded in a booklet, which is given to the patient. Thus obstetrical complications have been greatly reduced. About 90% of all babies are born in a hospital. If the mother has had at least three visits between the first trimester and term of her pregnancy, she is entitled to coupons, with which she can buy her baby the essential starting equipment. Babies are protected by B.C.G., which is compulsory. Immunization against smallpox, diphtheria, and pertussis have been obligatory for decades.

There have been no cases of rabies for the last 40 years, since all dogs are immunized. Infantile mortality, once a scourge of rural areas, had been reduced in the last 20 years to a fragment of what it had been. The same holds true for enteric bacterial infections. On the other hand, poliomyelitis ravaged as recently as 1957 and to a lesser extent, in 1958. As a sequence of this, Hungary was the first country to introduce compulsory Sabin vaccination for children. For the last 10 years one of the major public health problems has been tuberculosis and epidemic hepatitis, both still common in Central Europe, mainly due to crowded living conditions.

SCIENTIFIC LIFE

Although the country has lost many able men in two wars and through emigration, scientific life cannot be called less active than in the past. It means more prestige, and in a totalitarian system more freedom, for the individual. Financially having the same salary, it is not less rewarding than practicing medicine.

Research is also in the hands of the government, and is directed through the Hungarian Academy of Sciences and the Ministry of Health. Research projects with a heavy accent on Soviet authorities are encouraged. These frequently have exaggerated Pavlovian trends, sometimes taking an almost religious character. Scientists are compelled to pay lip service to the "wonderful achievements of the superior Soviet men." The name of Pavlov is misused to justify obscure theories. Priority has to be given to Russian scientists and, some years ago, futile attempts were made to change some Latin names or

Western eponyms to Russian, e.g., Botkin's disease for epidemic hepatitis.

Basic research is mainly done in the four university centers and in some special institutions, plus a few pharmaceutical companies (owned by the government too). The Academy of Sciences also maintains some institutes. A proliferating bureaucratic apparatus coordinates and controls everything from the purchase of a pipette to the publications of scientific papers. The equipment of the research laboratories is 10 years behind American counterparts, but is undoubtedly much better than that of the neighboring countries. Nevertheless, supplies are hard to get. All modern instruments are imported from the West. There is a great shortage of well-trained laboratory assistants; most laboratories have an inadequate number of technicians. As a result, medical students or physicians often have to do the work usually done by technicians or secretaries.

The whole research educational system has been forced on the Hungarian Academy of Sciences by the Soviet Union, and even these degrees are literal translations from the Russian. People who are not intellectually honest, and who are willing to compromise, usually take this easier way. The handful of top scientists who take active part in politics, enjoy all the privileges of the Communist elite, free use of a car, for instance, with full-time chauffeur, free holidays in carefully hidden luxurious resorts, access to consumers' goods otherwise not available today, and the right to treatment in the plush Party hospital. Of course, frequent trips to Moscow are also included. Falling into disgrace, however, means an abrupt end to all these earthly joys, and scientific rank can be lost overnight. Contrary to expectations, relatively few Russian physicians visit Hungary officially, and practically none as tourists. The countries behind the Iron Curtain are also separated from each other by barbed wire and special permits.

The medical-school libraries are open to anyone and can be called excellent even by American standards. They contain all significant periodicals and books published in the world. The library of Budapest still receives over 650 medical journals from abroad, the great majority from Western countries. Hospitals also have libraries of varying sizes, but all have at least a good sampling of representative Western scientific literature. This is a major factor, beside personal efforts of the doctors, in keeping up with progress, that medicine today in Hungary is surprisingly good. To counteract the "damaging Western influence," Soviet scientific periodicals are available at a nominal price, and there is also a free translating service for them. This is not necessary for the Western publications because most educated people know German, and/or English and French.

There has always been a traditional will in Hungary to belong to Western Europe. In spite of the heavy Soviet pressure everybody is still looking toward the West. And this holds true also for medical science.

BOOK REVIEWS

TAKEN AT THE FLOOD, THE STORY OF ALBERT D. LASKER by John Gunther, Harper and Brothers, New York, 1960, 368 pp., \$5.00.

If Albert Lasker had not suddenly changed course in the later years of his life, he would not be of particular interest to physicians. At the age of 62, however, he abandoned the field of advertising, of which he had been the moving spirit for many decades, and from then until his death at 72 threw his exuberant energies into collecting pictures and the problems of medical research. John Gunther has chronicled the facts of this life, and its abrupt turnings, with clarity and affection; it is unfortunate that he has not been able to give us more insight into the man behind the moves.

Born in Texas in 1880, Lasker was at 12 the owner, editor, reporter and publisher of a weekly newspaper — a first indication of the driving enterprise that catapulted him from the bottom to the top of the Lord & Thomas advertising agency and had earned for him by the time he retired the title of "father of modern advertising," and \$45,000,000. His honors in the field of advertising were well deserved; he revolutionized cigarette advertising, made Kotex a mentionable and saleable item, and put Kleenex in every American pocket. And he was active, too, in areas outside of his business pursuits. He was for a time a major stockholder in the Chicago Cubs, cleansed baseball of shady gambling practices, and proposed a reorganization of the management of the professional leagues in a document that "is still the charter of organized baseball in the United States." In 1918, Will H. Hays, Chairman of the Republican National Committee, who "wanted propaganda, and thought that Lasker would be the best man available to provide it," enlisted Lasker's talents in the

congressional elections of that year and in the fight against the League of Nations. Lasker later helped raise money for the Harding campaign, and in 1921 became Chairman of the United States Shipping Board, a post he filled for two years.

It was following his marriage in 1940 to Mary Woodward Reinhardt, four years after the death of his first wife, Flora, that the striking change occurred in Lasker's activities. He gave up advertising and his other old pursuits and turned, with his characteristic vigor, to the interests that his wife brought to their marriage. Art was one, and at the time of his death he had amassed one of the best collections of modern French art in America. Social reform was another, and it is here that Lasker, together with his wife, has had his effect on our medical world. In encouraging neglected medical research activities with Lasker Foundation funds, in allowing Lasker awards to be made in his name, in supporting "Planned Parenthood" and voluntary health insurance plans, in aiding the American Cancer Society's campaigns for funds, in suggesting the use of federal money for medical research and in encouraging the development of the National Institutes of Health — in all this, Lasker, and his wife, have touched on much that is central to the contemporary medical scene.

Gunther's tale of the life of a man is an interesting one, and often well told. He has painted his portrait with obvious admiration and apparent honesty — he shows us Lasker's egotism as well as his altruism, his obtuseness and his sensitivity, his tenderness and his hardness. But as Gunther tells it, Lasker's life is an adventure story (as no doubt it partly was); the emphasis is on action, anecdote, and the man as others saw him. For the reader interested in the analysis of character and the springs of behavior,

there is little to satisfy him. Lasker's correspondence and writings are all too sparsely quoted; there are only occasional glimpses of him as he saw himself, his family, his friends, and his world. We are provided with few clues to the subtleties of his inner life that might lead to an understanding of such biographical facts as his change of behavior at 62. Gunther offers some suggestions in explanation of this event, but he gives little evidence to support his contentions. Perhaps the evidence is not available, or perhaps the time is not appropriate to make it public. We may at least hope that some day Mr. Gunther will write a companion piece, "Inside Lasker."

JOHN C. NEMIAH, '43B

CARCINOMA IN SITU OF THE UTERINE CERVIX. A study of 235 Cases from the Free Hospital for Women. By Gilbert H. Friedell, Arthur T. Hertig and Paul A. Younge. Charles C. Thomas, Springfield, Ill. 154 pages. \$7.50.

This small volume presents the accumulated experience of the Free Hospital for Women with 235 cases of carcinoma in situ of the cervix. The entity of an in situ lesion of the cervix, as the authors point out in their introduction, is 75 years old, having been described first by Sir John Williams in the Harvey Lectures of 1886. Since that time, the concept of preinvasive carcinoma of the cervix has been resisted by numerous pathologists, but in the past ten years, in the face of increasing clinical and pathologic evidence, has found almost universal acceptance.

The pathologic anatomy of carcinoma in situ is taken up in detail. The authors indicate that the grade of the lesion is apparently of no practical significance. It is pointed out that in the Free Hospital for Women series,

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91% of the cases had a greater or lesser degree of glandular involvement. With respect to an important somewhat paradoxical condition, the authors propose the classification "carcinoma in situ with gland involvement and early stromal invasion" as a useful intermediate category between carcinoma in situ and frank carcinoma. They are quick to emphasize that this diagnosis should be made only after repeated serial sectioning of the pathologic material. This group, in the Free Hospital experience, carries the same prognostic significance as the histologically less advanced lesion. The authors stress that this disease does not have a typical gross appearance. It is a microscopic phenomenon. They predicate that it is primarily an endocervical disease. Extension into the endocervix, beyond the reach of the punch biopsy technique in practice at the Free Hospital for Women, would consist only of microscopic foci, and this, it is stressed by the authors, is amenable to the standard form of therapy. Leukoplakia, according to the authors, implicates the tissue next to it, and they stress the importance of biopsying both the leukoplakic area and the adjacent tissue.

In the final chapter, the therapeutic results are weighed. Despite the various modalities of therapy employed there have been no instances of recurrences in the Free Hospital for Women series. The preferred form of treatment is simple total hysterectomy. Modifications of treatment, such as for carcinoma in situ during pregnancy, are described and the point is made that carcinoma in situ should not be regarded as an isolated disease but as an occasionally quite complicated problem in diagnosis and management.

These 235 cases relate only to the squamous type of preinvasive carcinoma. One would reasonably expect, on the basis of the generally accepted 1:20 ratio of adenocarcinoma of the cervix to invasive squamous carcinoma of the cervix to find ten cases in situ in the Free Hospital series. As a matter of fact, only an occasional case

of this latter condition has been described in the literature. The reason for the rarity of this condition has never been satisfactorily explained.

Much of the evidence incriminating carcinoma in situ as a precursor of invasive carcinoma of the cervix was carried out at the Free Hospital for Women. This book brings this rich experience up to date. The study is rigidly disciplined, comprehensive, clearly written and abundantly illustrated with outstanding photographs.

CLEMENT YAHIA, '53

BOOKS RECEIVED

THYMECTOMY FOR MYASTHENIA GRAVIS, Henry Viets, '16, and Robert Schwab, '31, Published by Charles C. Thomas.

DISEASE AND THE ADVANCEMENT OF THE BASIC SCIENCES, Henry Beecher, '32, Published by the Harvard University Press.

THE HEALTHY CHILD, Harold Stuart, Dane G. Prugh, '43A, Published by the Harvard University Press.

MEDICAL CARE OF THE ADOLESCENT, J. Roswell Gallagher, Published by Appleton Century Crofts Inc., New York City.

FRENCH'S INDEX OF DIFFERENTIAL DIAGNOSIS, 8th Edition Edited by Arthur H. Douthwaite, Williams and Wilkins Co., 1960.

MEDICAL HISTORY HUMANISM AND THE STUDENT OF MEDICINE, Henry R. Viets, '16 Dartmouth Publications, N.H., 1960

THE METABOLIC BASIS OF INHERITED DISEASE, John B. Stanbury, '39, James B. Wyngaarden, Donald S. Fredrickson; McGraw-Hill Book Company, New York, 1960.

Harvard Medical Alumni Bulletin

